APPLICATION FOR EMPLOYMENT BOROUGH OF SEA BRIGHT

1099 Ocean Avenue, Sea Bright, NJ 07760

The Borough of Sea Bright is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, gender, religion, age, marital status or disability in employment. Applicants requiring accommodations to the application and/or interview process should notify the Borough Clerk.

Resumes are not accepted in lieu of applications. PRINT IN INK OR TYPE Position applied for:_____ NAME: **First** Last Middle ADDRESS: Number/Street City State Zip Code TELEPHONE # **Cell Phone** Home SOCIAL SECURITY #____ Are you at least 18 years of age? YES NO Do you have a valid Driver's License? □ YES □ NO Current Driver's License #____ (State) (Number) Have you ever filed an application here before? YES____ NO____ If yes, give date _ Have you ever been employed here before? YES_____ NO____ If yes, give date and reason for separation Are you employed now? YES____ NO____ On what date will you be available to work?_____ Are you available to work: Full time___ Part time___ Shift Work__ Temporary__ Morning___ Afternoon__ Evening__ Have you been convicted of a felony within the last 7 years? YES NO If yes, please explain Do you have any physical, mental or medical impairment or disability that would limit your job performance for the position for which you are applying? YES___NO___ Are there any workplace accommodations which would ensure better job placement and/or enable you to perform your job to your maximum capability? YES NO

If ves, please indicate

Are you a U.S. Citizen? If no, what Country are you a citizen of? Are you a U.S. veteran? Are you the surviving spouse of a U.S. Veteran?			YES	NO_
			VEC	NO
			YES	NO_ NO
Are you currently authorized to work in the U.S.?			YES_	
	tion to work in the U.S. is required if	offered employment)	125_	110_
	one in our employ? (past or prese		YES	NO
		Relationship:	_	
(T. 1) 4 G. 1 1 N	EDUCATIO EDUCATIO			
Indicate School Name	s, Year Completed, Degree Receive	/ed)		
High School	College	Other		
iligii School	Conege	Other		
	 -			
Describe any specialize	ed training, apprenticeships, skills	and extracurricular a	activities:	
Give any additional inf	formation you feel may be helpful	to us in considering y	our applica	ntion:
	formation you feel may be helpful NO If yes, approximate s			ntion:
Do you type? YES	NO If yes, approximate s			ntion:
Do you type? YES	NO If yes, approximate s			ntion:
Do you type? YES United States Military: Are you applicable? Y	NO If yes, approximate s ES NO if so,			ation:
Do you type? YES United States Military: Are you applicable? Y branch	NO If yes, approximate s			ntion:
Do you type? YES United States Military: Are you applicable? Y branch From	NO If yes, approximate s ES NO if so, To			ntion:
Do you type? YES United States Military: Are you applicable? Y branch From	NO If yes, approximate s			ntion:
Do you type? YES United States Military: Are you applicable? Y	NO If yes, approximate s ES NO if so, To Specialty			ntion:
Do you type? YES United States Military: Are you applicable? Y branch_ From_ Final Rank_ REFERENCES (Not R	NO If yes, approximate s ES NO if so, To Specialty			
Do you type? YES United States Military: Are you applicable? Y branch_ From_ Final Rank_ REFERENCES (Not R	NO If yes, approximate s ES NO if so, To Specialty delatives)			
Do you type? YES United States Military: Are you applicable? Y branch From Final Rank REFERENCES (Not R	NO If yes, approximate s ES NO if so, To Specialty delatives) Address		Telephon	ne e
Do you type? YES United States Military: Are you applicable? Y branch_ From_ Final Rank_ REFERENCES (Not R	NO If yes, approximate s ES NO if so, To Specialty delatives)			ne e
Do you type? YES United States Military: Are you applicable? Yoranch From Final Rank REFERENCES (Not R	NO If yes, approximate s ES NO if so, To Specialty delatives) Address		Telephon	ne e
Do you type? YES United States Military: Are you applicable? Yoranch From Final Rank REFERENCES (Not R	NO If yes, approximate s ES NO if so, To Specialty delatives) Address		Telephon	e

EMPLOYMENT HISTORY (start w			
Employer's Name and Address	Job Title		Salary
	From	То	
	Telephone Number:		
May we check this reference? YES_	NO		
Employer's Name and Address	Job Title		Salarv
	From	To	Salary
	Telephone Number:		
May we check this reference? YES_	NO		
Employer's Name and Address	Ioh Title		Solory
Employer's Ivanic and Address	From	To_	Salary
	Telephone Number:		
	-		
May we check this reference? YES_	NO		
If you would like to include other emp	ployers, please attach on a so BSTANCE ABUSE POLIC		t of paper. Thank you.
The Borough of Sea Bright requires a those whose job duties require that the equipment, Lifeguard, Police and/or be conditioned on the applicant's abil drug screen. Failure to pass pre-emploffer of employment. Refusal to sign to failure to provide a valid specimen for applicant disqualified for employment.	ney hold a Commercial Driv Recreation, Administrative lity to pass a mandated phys oyment screening will resul the appropriate release and r testing will be regarded as	ers License, o Office or Pul sical examina t in withdrav consent form	operate Borough blic Works Employees ation which includes a val of a conditional as for testing, or any
Any employee convicted of violating a notify the Borough Clerk, in writing, conviction.			
If an applicant has any questions regarder the Borough Clerk.	arding this Policy, additiona	l information	n may be requested
PLEASE READ THE FOLLOWING UNDERSTANDING AND ACCEPTA			DICATE YOUR
I certify that all the information prove complete. I understand that any missing grounds for refusal to hire or if hired will be required to provide legal proof Sea Bright to contact any of the person the references and contacts provided my previous employment, education, to any of the subjects covered by this	tatement, falsification or om, termination. I understand f of authorization to work in ons or organization reference to give the Borough of Sea I or any other pertinent infor application.	nission of info that as a con in the U.S. I a ed in this app Bright all info mation they	ormation shall be dition of employment, I uthorize the Borough of plication. I authorize ormation concerning might have with regard
Also, as a condition of employment, I and background checks as required b			

SIGNATURE

DATE