

Borough of North Plainfield 263 Somerset Street - North Plainfield, NJ 07060 908 769-2935 Application For Employment

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

We are an equal opportunity employer

Position Ap (Check all the		Fire	fighter/EMT	Full	-time	EMT	Per Diem	EMT	Volunteer Fi	refighte	r
				Applic	ant I	nformatio	n				
Full Name:	Last			First				M.I.	Date:		
Address:	Street Addre	ess							Apartmen	t/Unit #	
	City							State	ZIP Code	,	
Phone:			Email:					Da	ate of Birth:		
How did vo	u learn abou	ut us?									
Advertise	ement I	Employm	ent Agency	Friend	I	Relative	Walk In	Other			
Date Availa	ble:		Social	Security	/ No.:						
If you are un proof of you			vide required	YES	NO □						
Have you fil If yes, wher	•••		th us before?	YES	NO □						
Have you e	ver been en	nployed	with us before?	YES	NO □	lf yes, whe	n?				
Are you cur	rently emplo	oyed?		YES	NO □						
May we cor	ntact your pr	resent er	nployer?	YES							
			becoming emp ion status will be	•		-		a or Immi	gration status?	YES	
On what da	te would yo	u be ava	ilable to work?								
Are you ava	ailable to wo	ork: F	ull Time P	art Time		Shift Work		nporary			
Are you cur	rently on "L	ay-Off" s	tatus and subje	ct to rec	all?	YES	S NO				
Can you tra	vel if a job r	equires i	t?	YES	NO □						
Have you b last 7 years		ed of a fe	elony within the	YES	NO □						
If yes, pleas	se explain										

Previous Employment Include any job-related military service assignments and volunteer activities.

			assignments and volunteer activities. You onal origin, handicap or other protected
Company:			Phone:
Job Title:		Starting Salary:	Ending Salary: <mark>\$</mark>
Responsibilities:			
From:	То:	Reason for Le	eaving:
Company:			Phone:
Address:			Curren de en
Job Title:		Starting Salary:	Ending Salary: <mark>\$</mark>
Responsibilities:			
From:	To:	Reason for Le	eaving:
Company:			Phone:
Address:			Supervisor:
Job Title:		Starting Salary:	Ending Salary: <mark>\$</mark>
Responsibilities:			
From:	To:	Reason for Le	eaving:
Company:			Phone:
Address:			Supervisor:
Job Title:		Starting Salary:	Ending Salary: <u>\$</u>
Responsibilities:			
From:	То:	Reason for Le	eaving:
	**If you need addition	al space, please continue on a s	separate sheet of paper.
	Sp	ecial Skills and Qualificat	ions

Summarize special job-related skills and qualifications acquired from employment or other experience.

Education, Special Skills and Qualifications				
	Elementary School	High School	Undergraduate College/University	Graduate/ Professional
School Name and location				
Years Completed				
Diploma/ Degree				
Describe course of study				
Describe any specialized training, apprenticeship, skills and extra- curricular activities				
Describe and honors you have received				
State any additional information you feel may be helpful to us in considering your application				

Special Skills and Qualifications

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held. You may exclude memberships would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.

Give name, email addresses and telephone numbers of three references who are not related to you and are not previous employers.

Have you had any job related training in the United States military? YES NO

1.

If yes, please explain_____

2.

3._

Are you physically or otherwise unable to perform the duties of the job for which you are applying? YES NO

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with this Company is of an "at will" nature, which means that the employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

PLEASE INCLUDE A COPY OF YOUR NJ DRIVER'S LICENSE (FRONT AND BACK) AND ANY CERTIFICATIONS (FF1, EMT, CPR)

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY					
Arrange Interview YES			Control Number		
Remarks					
Employed YES		Date of Employn	nent		
Job Title		_ Hourly Rate/Salary_	Dept		
By					
	Name and	d Title	Date		
<u> </u>					

Notes_