

Township of Franklin
1571 Delsea Drive
Franklinville, NJ 08322
Phone: 856-694-1234
Fax: 856-694-1279
Email: clerk@franklintownship.com

TOWNSHIP EMPLOYMENT APPLICATION

Name (Last, First, Middle) _____
Address _____
City _____ State _____ ZIP _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email _____
Social Security Number _____

Position You're Applying For: _____
Have you ever applied to Franklin Township Before? If yes, give date _____
Date you can begin work: _____ Salary desired: _____

Are you available for (circle) Full-Time Part-Time Shift Work Temporary
Are you currently employed? _____ May we contact you at work? _____
May we contact your current employer? _____
Are you on layoff status, subject to recall? _____
Do you possess a current driver's license? _____
Do you possess a commercial driver's license? If so, list any endorsements:

Are you legally eligible to work in the United States? _____
Pursuant to Federal law, proof of citizenship or immigration status will be required if you are hired.

If you are under 18 years old, do you have proof of eligibility to work? _____
Have you ever pleaded guilty or been found guilty of a crime or disorderly persons offence? _____

Employment is conditional upon the results of a criminal background check. An answer of "yes" may disqualify you from employment, depending upon the circumstances involved. If "yes," please explain below.

Employment History: This section must be completed, even if you attach a resume. List your last four employers, major assignments for the same employer. Begin with the most recent. Include any military service. Explain any gaps in employment in the space on this form marked "Comments," located at the end of this section.

Employer:	Date Started:	Work Performed/Responsibilities:
Address:	Date Left:	
	Starting Salary:	
Job Title:	Final Salary:	
Reason for leaving:		
Supervisor's name and phone number:		
May we contact for a reference? Yes. No		

Employer:	Date Started:	Work Performed/Responsibilities:
Address:	Date Left:	
	Starting Salary:	
Job Title:	Final Salary:	
Reason for leaving:		
Supervisor's name and phone number:		
May we contact for a reference? Yes. No		

Employer:	Date Started:	Work Performed/Responsibilities:
Address:	Date Left:	
	Starting Salary:	
Job Title:	Final Salary:	
Reason for leaving:		
Supervisor's name and phone number:		
May we contact for a reference? Yes. No		

Employer:	Date Started:	Work Performed/Responsibilities:
Address:	Date Left:	
	Starting Salary:	
Job Title:	Final Salary:	
Reason for leaving:		
Supervisor's name and phone number:		
May we contact for a reference? Yes. No		

Comments:

Education: Provide information on your formal schooling and education. Include elementary, secondary, and post-secondary education, if any. Include any formal vocational or professional education. For high school and post-secondary education, indicate any major or specialty, such as Academic, Business, or Trade.

School	Years Completed (Circle)	Graduated (Circle)	Major Field
High School	1 2 3 4	Yes No	
College	1 2 3 4	Yes No	
Other	1 2 3 4	Yes No	

Languages: List any languages you know, and indicate your level of proficiency.

Language	Speak Some	Speak Fluently	Read	Write

Special Skills & Experience: List any special skills, experience training, licenses, certifications or other factors that make you especially qualified for the position for which you are applying.

Comments & Additional Information: Is there any additional information about you that we should consider?

References: Provide the names, addresses and phone numbers of three people whom we may contact as a reference. They should NOT be relatives or former supervisors.

Name and Address	Phone Number	Years Known

Understandings and Agreements:

As an applicant for a position with the Township of Franklin, I understand and agree that I must provide truthful and accurate information in this application. I understand that my application may be rejected if any information is not complete, true, and accurate. If hired, I understand that I may be separated from employment if the Township of Franklin later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Township of Franklin the right to investigate the information I have provided, talk with former employers (except where I have indicated they may not be contacted). I give the Township of Franklin the right to secure additional job-related information about me. I release the Township of Franklin and its representatives from all liability for seeking such information. I understand that the Township of Franklin is an equal opportunity employer and does not discriminate in its hiring practices. I understand that the Township of Franklin will make reasonable accommodations as required by the Americans with Disabilities Act. I understand that, if employed, I may resign at any time, and that the Township of Franklin may terminate me at any time in accordance with its established policies and procedures. No representatives of the Township of Franklin may make any assurances to the contrary. I understand that any offer of employment may be subject to job-related medical physical, drug or psychological tests. I also understand that some positions may involve complete background and criminal checks. *For your application to be considered, you must sign and date below.*

Applicant's signature: _____ Date: _____

Voluntary Affirmative Action Information

You are NOT required to provide this information. Provide it only if you wish.

If you provide information on this page, it will be filed separately from the job application. This information will be used only for purposes of the Affirmative Action Program.

Applicant Information:

Name _____
Address _____
City _____ State _____ ZIP _____
Phone _____

Position applied for _____

How did you learn about this position? (Circle all that apply)

Advertisement. Employment Agency. Friend. Relative. Walk-in.

Other (Explain): _____

Information regarding status:

Gender: Male Female

Equal Opportunity identification groups (Circle):

White (Caucasian) African American (Non-Hispanic) Hispanic
American Indian/Alaskan Native. Asian/Pacific Islander. Other _____

Other protected groups (Circle):

Individual with disability Vietnam-era veteran (1964-1975) Disabled veteran

For local unit type use only.

Hired: Yes. No. Position: _____ Date _____

Which EEO job classification best describes the position for which the applicant applied?

1. Officials and Managers.	4. Sales	7. Operators (semi-skilled)
2. Professionals	5. Office and Clerical.	8. Laborers (unskilled)
3. Technicians	6. Craft workers (skilled).	9. Service workers

(Local unit type) Official _____ Date _____

This page for Township of Franklin use only
Results of Interview

Interviewer: _____ Date _____ Time _____