

**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.

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

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

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

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

**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.

<b>School</b>	<b>Years Completed (Circle)</b>	<b>Graduated (Circle)</b>	<b>Major Field</b>
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.

<b>Language</b>	<b>Speak Some</b>	<b>Speak Fluently</b>	<b>Read</b>	<b>Write</b>

**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 \_\_\_\_\_