

# City of Red Bank

## APPLICATION FOR EMPLOYMENT

**THE CITY OF RED BANK IS AN EQUAL OPPORTUNITY EMPLOYER** and does not discriminate on the basis of race, sex, color, religion, national origin, age, disability or veteran status in employment opportunities and benefits PURSUANT TO THE REQUIREMENTS OF title VI of the Civil Rights Act of 1964.

**Overview of the Hiring and Employment Process:** This application is but one part of the hiring and employment process. Other parts may include an interview, an employment examination or test, a physical and a demonstration of your ability to perform the essential functions of the job.

- We reserve the right to check all information for accuracy and completeness.
- All applications for employment are a matter of public record.
- If you need accommodation in order to complete this Application, please notify Administration

### GENERAL INFORMATION

Date: \_\_\_\_\_ Position Desired: \_\_\_\_\_

Are you applying for: \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Temporary

Have you applied with the City before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been employed by the City before? \_\_\_\_\_ Yes \_\_\_\_\_ No

### PERSONAL INFORMATION

Your Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street  
City State Zip

Social Security Number: \_\_\_\_\_

Phone Number: Home ( ) \_\_\_\_\_ Business ( ) \_\_\_\_\_

EMAIL Address: \_\_\_\_\_

Date of Birth (Optional) \_\_\_\_\_ Are you over the age of 18? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a legal right to work in the U.S.? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a felony? (**NOTE:** This may be relevant if job-related, but does not bar you from employment): \_\_\_\_\_ Yes \_\_\_\_\_ No If **YES**, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Drivers License Number (if required by job): \_\_\_\_\_

**EDUCATION AND TRAINING**

Do You Have a High School Diploma? \_\_\_\_ Yes \_\_\_\_ No

High School Attended: \_\_\_\_\_  
\_\_\_\_\_

Do you have a GED? \_\_\_\_ Yes \_\_\_\_ No

Please List Other Education You Have Received:

Name and Location of College/University/ Trade or Business Schools Attended	Dates Attended	Degree Earned	Did you Graduate?

List Other Training Received (special courses, work training programs, Armed Forces training, etc.)

\_\_\_\_\_  
\_\_\_\_\_

List Special Qualifications and Skills (licenses, skills with machines)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Based on the Job for Which You are Applying:

Are you able to perform the essential functions of the job for which you have applied? (NOTE: You may later be asked to demonstrate your ability to perform the essential functions.)

\_\_\_\_\_ YES, but I will need reasonable accommodations in order to perform the Essential functions; or

\_\_\_\_\_ YES, and I will not need reasonable accommodations in order to perform the Essential functions.

Please describe any accommodations you will need in order to adequately perform the essential functions of the position:

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

Please list three or four persons, other than relatives or former employers, who have knowledge of your character and/or abilities:

Name	Mailing Address	Yrs. Known	Phone

## **PRIOR EMPLOYMENT HISTORY**

List below all present and past employment information and/or substantive volunteer work. List current or most recent employer first, then prior employers in reverse chronological order. If you choose to attach a resume, you may use (See Resume) in job title/responsibilities section.

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1. Name and address of current or most recent employer: \_\_\_\_\_  
\_\_\_\_\_ Phone No. \_\_\_\_\_  
Your Supervisor: \_\_\_\_\_  
Your job title/responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Date Hired: \_\_\_\_\_ Date Left: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
May we contact this employer:  Yes  No

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2. Name and address of employer: \_\_\_\_\_  
\_\_\_\_\_ Phone No. \_\_\_\_\_  
Your Supervisor: \_\_\_\_\_  
Your job title/responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Date Hired: \_\_\_\_\_ Date Left: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
May we contact this employer:  Yes  No

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3. Name and address of employer: \_\_\_\_\_  
\_\_\_\_\_ Phone No. \_\_\_\_\_  
Your Supervisor: \_\_\_\_\_  
Your job title/responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Date Hired: \_\_\_\_\_ Date Left: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
May we contact this employer:  Yes  No

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4. Name and address of employer: \_\_\_\_\_  
\_\_\_\_\_ Phone No. \_\_\_\_\_

Your Supervisor: \_\_\_\_\_

Your job title/responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Date Hired: \_\_\_\_\_ Date Left: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

May we contact this employer: \_\_\_\_\_ Yes \_\_\_\_\_ No

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**\* \* \* \* CERTIFICATION OF APPLICANT \* \* \* \***

I certify that all answers to the questions in this application are true, and I further understand that any false statement and/or omission in this application and all other accompanying documentation will be sufficient grounds for rejection of the application or termination of employment. I authorize the City of Red Bank to make any and all necessary and appropriate investigations to verify the information contained herein, including criminal records and work experience checks. I also understand prior to employment, I must provide information related to identity and employability. Failure to provide appropriate documentation for verification of employment eligibility (I-9 form) shall result in immediate termination of employment and/or offer of employment.

I hereby authorize any Investigator or duly accredited representative of the City of Red Bank Police Department to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals relating to my activities. I understand that the information obtained may be disclosed to such third parties as necessary in the fulfillment of official responsibilities. I hereby release any entity and/or individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result on account of compliance, or any attempts to comply with this authorization.

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Applicant Signature

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Date