



Vernon Township
Department of Administration
21 Church Street
Vernon, NJ 07462
Tel: 973.764.4055, ext. 2240 • Fax: 973.764.4799
www.vernontwp.com

Employment Application

Do not use this application if you are seeking employment as a police officer. The Vernon Township Police Department is a civil service employer and as such, is governed by the rules prescribed by the New Jersey Civil Service Commission (CSC). Visit the CSC website »

Date: []

APPLICANT INFORMATION

Full Name []

Current Address (Street, City, State, Zip) []

Home Telephone [] Cell Telephone [] E-Mail []

Are you legally eligible for employment in the United States? Yes No Are you available for part-time work? Yes No

Position(s) applying for: [] Referral Source []

Were you previously employed by us? Yes No If yes, when? [] If your application is considered favorably, on what date will you be available to start work? []

Are you 18 years old or older? Yes No Will you relocate if job requires it? Yes No
If no, can you furnish a work permit? Yes No Will you travel if job requires it? Yes No

Will you work overtime if required? Yes No
If no, please explain: []

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)? This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.
Yes No Need more information about the job's essential functions.

Have you ever pleaded guilty or "no contest" to, or been convicted of a crime? Yes No
Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.
If yes, please provide date(s) and details: []

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EMPLOYMENT HISTORY <i>(start with your current or most recent job)</i>		
EMPLOYER #1	Name of Company Type of Business	
	Address Telephone	
	Job Title and Duties	Final Salary
		Employment Dates
	Reason for Leaving	
EMPLOYER #2	Name of Company Type of Business	
	Address Telephone	
	Job Title and Duties	Final Salary
		Employment Dates
	Reason for Leaving	
EMPLOYER #3	Name of Company Type of Business	
	Address Telephone	
	Job Title and Duties	Final Salary
		Employment Dates
	Reason for Leaving	
Explain any gaps in your employment, other than those due to personal illness, injury or disability.		
If not addressed previously, have you ever been fired or asked to resign from a job? If yes, please explain.		
Skills and Qualifications: List any special training, licenses or certifications you have:		

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EDUCATION HISTORY <i>(start with the most recent school attended)</i>				
	Elementary School	High School	College/University	Other
School Name				
Location				
Last Year Completed	5 6 7 8	9 10 11 12	1 2 3 4	
Did you graduate?	Yes No	Yes No	Yes No	Yes No
Specify Degree or Certification Received				

PERSONAL REFERENCES <i>(no former employers or relatives please)</i>			
Name	Telephone	Relationship	Years Known
1.			
2.			
3.			

Applicant's Statement

I certify that all information I have provided in order to apply for and secure work with Vernon Township is true, complete and correct.

I authorize Vernon Township or its representatives to contact and obtain information from all references, personal and professional, employers, public agencies, licensing authorities and educational institutions to verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding Vernon Township or its representative for seeking truthful information in the employment process and all other persons or organizations furnishing such information about me.

I understand that Vernon Township does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application will remain on file for one year. At the end of that time period, if I wish to be considered for future employment, I must submit a new application.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Do not sign until you have read the above statement.

Signature

Date