

City of Phillipsburg

Application for Employment

(Please Print Clearly)

Date _____

Name: _____ Phone Number: _____
Last First Middle Initial

Address: _____
Number Street City State Zip

Position applied for: _____ Expected Salary: _____

How did you learn about this job? _____

Do you want to work full-time or part-time? _____

Would you be available to work shifts and/or weekends? Yes () No ()

So that we may do an accurate background check, please complete the following information:

Driver's License No: _____ State: _____

Social Security No: _____

**Applicants should be aware that some positions do require that the employee be covered by a fidelity bond.
 Applicants may also be asked to complete a physical examination.**

Educational Background:

<u>Type of School</u>	<u>Name and Address</u>	<u>Graduated</u>	<u>Major</u>
Elementary	_____	()Yes ()No	_____
High School	_____	()Yes ()No	_____
College	_____	()Yes ()No	_____
Post Graduate	_____	()Yes ()No	_____
Vocational/Technical	_____	()Yes ()No	_____
Other	_____	()Yes ()No	_____

Are you a veteran? ()Yes ()No

Personal References:

(Exclude former employers or relatives)

<u>Name and Occupation</u>	<u>Address</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Prior Work History:

(List in order, last or present employer first)

Dates		Name and address of employer	Rate of Pay Start/Finish	Supervisor Name/Title	Reason for leaving
From	To				
/			/		
Describe in detail your job duties					
/					
Describe in detail your job duties					
/					
Describe in detail your job duties					
/					
Describe in detail your job duties					

Occasionally, the form of an application makes it difficult for an individual to adequately summarize their complete background. To assist us in finding the proper position for you with the City of Phillipsburg, use the space below to summarize any additional information to describe your full qualifications. Attach additional sheets if needed.

***PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENT***

I acknowledge that consideration for employment is contingent on the results of a reference and background check. Therefore, I hereby authorize the City of Phillipsburg to (1) investigate the truthfulness of all statements made on this application; (2) contact my former employers and other listed references or any other person who can verify information; (3) discuss the results of any investigation with other employees and elected officials of the City of Phillipsburg involved in the hiring process. In addition, I give my consent for all contacted persons including former employers to provide information concerning this application, and I release each such person from liability for providing information to the City of Phillipsburg.

I hereby understand and acknowledge that any employment relationship with the City of Phillipsburg is "at will", which means that the employee may resign at any time and the employer may discharge employee at any time with any reason or cause or without a reason or 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 the mayor of the City. 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.

Signature of Applicant

Date