

# BOROUGH OF ISLAND HEIGHTS

1 East End Avenue  
 Post Office Box 797  
 Island Heights, NJ 08732-0797  
 (732) 270-6415



## APPLICATION FOR EMPLOYMENT

(PLEASE PRINT OR TYPE)

APPLICANT INFORMATION												
Last Name					First			M.I.		Date		
Street Address							Apartment/Unit #					
City					State			ZIP				
Phone #					E-mail Address							
Social Security No.							Date of Birth					
Position Applied for												
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
If you are under 18 years of age, can you provide required proof of your eligibility to work?					YES <input type="checkbox"/>	NO <input type="checkbox"/>						
Have you ever filed an application with us before?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, give date:					
Have you ever been employed with us before?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, give date:					
Date available for work?												

EDUCATION										
High School					Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College					Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other					Address					
From		To		Did you graduate	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other					Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			

**SKILLS/TRAINING**

*Describe any skills or training you possess that might be applicable to the position for which you are applying.*


**REFERENCES**

*Please list three personal references (non-relatives) whom we may contact during the screening process.*

Full Name		Relationship	
Address		Phone	

Full Name		Relationship	
Address		Phone	

Full Name		Relationship	
Address		Phone	

**PREVIOUS EMPLOYMENT**

Company		Phone #	
Address		Supervisor	
Job Title		From	To
Responsibilities			
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Company		Phone #	
Address		Supervisor	
Job Title		From	To
Responsibilities			
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

**MILITARY SERVICE**

Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

I authorize an investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize the Borough of Island Heights to conduct an applicant investigation for the purpose of employment by the Borough of Island Heights.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organizations is of at "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless the change is specifically acknowledged in writing by an authorized executive of this organization.

In the even of employment, I understand that false or misleading information given on my application or during my interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

<b>Signature</b>		<b>Date</b>	
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## **BACKGROUND INVESTIGATION DISCLOSURE & RELEASE FORM**

In connection with my application for employment (including contract for service) with the Borough of Island Heights, I understand that investigative inquiries are to be made on myself including criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, and experience along with reasons for termination of past employment from previous employers. I understand that the Borough of Island Heights will be requesting information from various Federal, State, and other agencies that maintain records concerning my past activities relating to my driving, criminal, civil, education, and other experiences. I recognize further that the Borough of Island Heights may conduct a periodic background investigation during the course of my employment in connection with any workplace investigation.

In connection with this request, I authorize all corporations, companies, persons, educational institutions, law enforcement agencies and former employers to release information they may have about me, and release them from any liability and responsibility from doing so. This authorization, in original and copy form, shall be valid for this and any future reports that may be requested.

I authorize without reservation any party or agency contacted by Adam Safeguard to furnish the above-mentioned information.

I hereby consent to your obtaining the above information from Adam Safeguard and/or any of their licensed agents.

I understand that, upon written request within a reasonable period of time, I am entitled to a copy of the report and additional information concerning the nature and scope of this investigation.

*(Please print legibly)*

Print Name:		
Social Security #:	Date of Birth:	
DL#:		
Current Address:		
City:	State:	Zip:
Applicant's Signature		Today's Date: