

# APPLICATION FOR EMPLOYMENT

**Borough of Franklin  
46 Main Street  
Franklin, NJ 07416**

Phone: 973/827-9280 X 100

Fax: 973/827-9279

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Please provide the following information so that the Borough of Franklin will be in compliance with Title VI of the Civil Rights Act of 1964.

The information regarding race, color, or national origin designation is requested in order to assure the Federal Government, that the Borough of Franklin complies with Federal Laws prohibiting discrimination on the basis of race, color, or national origin. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluation your request for service or to discriminate against you in any way. However if you choose not to furnish this information, we are required to note your race and national origin on the basis of visual observation or surname.

(PLEASE PRINT)

Position(s) Applied For <b>2018 LIFEGUARD</b>	Date of Application	
How did you learn about us?		
{ Advertisement	{ Friend	{ Web Site
{ Boro Employee	{ Relative	{ Other _____

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number		

If you are under 18 years of age, can you provide required proof of your eligibility to work? (Working papers are required and can be obtained from your local school) {Yes      {No

Have you ever filed an application with us before? {Yes      {No  
 If Yes, give date \_\_\_\_\_

Have you ever been employed with us before? {Yes      {No  
 If Yes, give date \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? {Yes      {No  
*Proof of citizenship or immigration status will be required upon employment.*

Will you be available to work from July 9, 2018 to August 17, 2018? {Yes      {No

## Employment Experience

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	Dates Employed		
	From	To	Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Start	Final	
Job Title			
Reason for Leaving			

Employer	Dates Employed		
	From	To	Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Start	Final	
Job Title			
Reason for Leaving			

If you need more space, please continue on a separate sheet of paper.

## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

---



---



---



---

## Education

	Elementary School	High School	Extra-Curricular Activities
School Name and Location			1. _____ 2. _____
Years Completed (circle)	4 5 6 7 8	9 10 11 12	3. _____ 4. _____
Describe Courses of Study			
Describe any specialized training, apprenticeships, or skills			
Describe any honors you have received.			
State any additional information you feel may be helpful to us in considering your application.			
Indicate any foreign languages you can speak, read and/or write.			

<p><b>List civic activities.</b>  <i>You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.</i></p>

## References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Are you physically or otherwise unable to perform the duties of the job for which you are applying? {Yes    {No

Are you severely allergic to bee stings or poison ivy? {Yes    {No

---

## Application Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge 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 such change is specifically acknowledged in writing by an authorized executive of this organization.

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

<b>FOR PERSONNEL DEPARTMENT USE ONLY</b>
--

Arrange Interview	{Yes	{No
-------------------	------	-----

Remarks _____
---------------

Employed	{Yes	{No
----------	------	-----

Date of Employment \_\_\_\_\_

INTERVIEWER \_\_\_\_\_ DATE \_\_\_\_\_

Job Title \_\_\_\_\_

Salary/Rate \_\_\_\_\_

Department \_\_\_\_\_

By \_\_\_\_\_

NAME AND TITLE

DATE

## NOTES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_