



APPLICATION FOR EMPLOYMENT

Borough of Cliffside Park

PERSONAL *(Please print plainly)*

Name		Last	First	Middle Initial	Social Security Number		Telephone Number
Address							Are you in the U.S. on a visa that prohibits you from working? <input type="checkbox"/> YES <input type="checkbox"/> NO
Number and Street		City		State	Zip Code		
New Jersey Driver's License <input type="checkbox"/> YES <input type="checkbox"/> NO				Years of residence in this State		County	
Person to notify in case of accident or emergency							
Name				Phone Number			
Address				Relationship to you			
Health Information: Do you have any physical handicap which would prevent you from performing specific kinds of work?*							
*This will not necessarily preclude your obtaining employment unless the nature of your illness would seriously hamper your ability to do the job.							
<input type="checkbox"/> YES		<input type="checkbox"/> NO		(If YES, describe) _____			
Military Service – Have you been in U.S. Military Service? <input type="checkbox"/> YES <input type="checkbox"/> NO				If YES, describe duties while on active service.			
						Honorably Discharged? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever been convicted of a crime, including a disorderly persons offense?							
<input type="checkbox"/> YES		<input type="checkbox"/> NO		If yes, give details and date of each conviction and disposition – This will not necessarily preclude you from being appointed.			

POSITION

Job applied for:		When can you start?	
Can you work any assigned shift? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you available weekends? <input type="checkbox"/> YES <input type="checkbox"/> NO	Holidays? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Please list any languages other than English which you speak, read, or write.		List and describe any internships, licenses, certifications or registrations connected with your profession or trade (Give name of state in which license, certification or registration is held).	
Have you any previous New Jersey State, County or Municipal employment?			
<input type="checkbox"/> YES	<input type="checkbox"/> Permanent	Employer	Date:
<input type="checkbox"/> NO	<input type="checkbox"/> Temporary	Department	Job Title

BACKGROUND DATA

<i>This part is to be used only for complying with EEOC Guidelines and the N.J. State Affirmative Action Program.</i>	A. Date of Birth	B. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	D. Education (Circle the number showing the highest level of school you have completed)
	C. Check the group you are a member of:		Grammar or High School: 6 7 8 9 10 11 12 Some College: Associate Bachelor Some Post Graduate: Masters Doctorate Name of College or University: _____
	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian American	<input type="checkbox"/> Spanish Surnamed <input type="checkbox"/> American Indian <input type="checkbox"/> Other	

WORK EXPERIENCE *(List most recent employer first)*

Present or last employer	Address	Time Employed
Your Duties	Reason for leaving	Mo. Yr. to Mo. Yr.
Previous Employer	Address	Time Employed
Your Duties	Reason for Leaving	Mo. Yr. to Mo. Yr.
		Salary Start Final

Machines operated and/or special skills:

WPM
 TYPING? YES Speed _____
 SHORTHAND? YES Speed _____

Occasionally the form of application blanks makes it difficult for individuals to summarize adequately their complete backgrounds. To assist us in finding the proper position for you in The Borough, use the space below to summarize any additional information.

REFERENCES

Do not give relatives or former employers as references		<input type="checkbox"/> Check here if you do not want us to contact PRESENT EMPLOYER.		
Name	Address	Telephone	Business or Occupation	Known How Long?
Give Name of Any Relative Working for Borough		In What Department Do They Work?		

I HEREBY CERTIFY that the information given by me to questions and statements in this application, is true to the best of my knowledge. I understand that any misrepresentation by me will be sufficient cause for rejection of this application or for discharge from employment by the Borough of Cliffside Park.

I UNDERSTAND that as a condition of employment, I may be required to pass the County's employment physical and any future physical examinations required by the Borough.

_____ Date of Application _____ Signature of Applicant

Federal laws prohibit discrimination in employment because of race, color, religion, age, sex or national origin. In compliance with these laws, Bergen County has enacted an Affirmative Action Program.

OFFICIAL USE DO NOT WRITE BELOW THIS LINE

Departmental Assignment	Title	Effective Date
B.C PER. 002 4M 7-77	Bi-Weekly Hours	Salary
		Grade