Kevin G. Higgins *Mayor*

Andrew Huisman Administrator

Employment Application

(732) 681-3232 • FAX (732) 681-8981

Applicant Information Name: Last, First, Middle Address: City/Town: State: Zip Code: Phone (Cell): Phone (Cell): Phone (Home): Email Address: Social Security Number:		10 J 111 011 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Last, First, Middle Address: City/Town: State: Zip Code: Phone (Cell): Phone (Home): Email Address: Social Security Number: Position applying for: Have you applied to the Borough of Lake Como before? No Yes If yes, date applied Desired start date: Desired salary: Available to work: Full time Part Time Shift Work Temporary Are you currently employed: Yes No May we contact you at work: Yes No May we contact your current employer: Yes No Are you currently on layoff statues and subject to recall: Yes No Do you possess a current driver's license: Yes No List any CDL endorsements: If you are under eighteen years of age, can you provide proof of eligibility to work: Yes No Are you legally eligible to work in the United States of America: Yes No Pursuant to Federal Law, proof of US Citizenship or immigration status will be required if you are hired. Have you ever plead guilty or been found guilty of a crime, disorderly persons offense or municipal ordinance involving moral turpitude: Yes No Employment is conditional upon the results of the criminal background check. An answer of "yes" may disqualify you from employment depending upon the circumstances involved. If	Name:				
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Employment History: This section must be completed even if you attach a resume. List your last four employers, major assignments within the same employer. Begin with the most recent. Include any military service. Explain any gaps in employment in the space on this form marked comments located on the bottom of this page.

Employer:		
Address:		_
Supervisor's name and phone number:		-
May we contact for a reference: ☐ Yes ☐ No		
Job title:		_
Date started:	Starting Salary:	
Date left:	Final Salary:	
Reason for leaving:		
Work Performed/Responsibilities:		
Employer:		
Address:		_
Supervisor's name and phone number:		-
May we contact for a reference: □ Yes □ No		
Job title:		-
Date started:	Starting Salary:	
Date left:	Final Salary:	
Reason for leaving:		
Work Performed/Responsibilities:		
Employer:		
Address:		_
Supervisor's name and phone number:		-
May we contact for a reference: □ Yes □ No		
Job title:		_
Date started:	Starting Salary:	
Date left:	Final Salary:	
Reason for leaving:		
Work Performed/Responsibilities:		

Employer:		
A 11		
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Supervisor's name and phone number:		
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Job title:		
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May we contact for a reference: \square Yes \square No		
Job title:		
Date started:	Starting Salary:	
Date left:	Final Salary:	
Reason for leaving:		
Work Performed/Responsibilities:		
Comments:		

Education: Provide information on your formal schooling and education. Including elementary, secondary and postsecondary education, if any. Include any formal vocational or professional education. For high school and postsecondary education, indicate any major or specialty, such as Academic, Business or Trade.

School	Years Completed (circle)	Graduated	Major Field
Elementary	5 6 7 8	□ Yes □ No	N/A
High School	1 2 3 4	□ Yes □ No	
College	1 2 3 4	□ Yes □ No	
Other	1 2 3 4	□ Yes □ No	

Languages: List any foreign languages you know and indicate your level of proficiency.

Language	Speak Some	Speak Fluently	Read	Write

certifications a	& Experience: State and/or other factors that ag:	it make you espec	ially qualified for the	e position for which
	Additional Informat	•		n about you we should

References: Provide the names, addresses and phone numbers of three people whom we may contact as a reference. They should not be relatives or formers supervisors.

Name & Address	Phone Number	Years Known

Understanding and Agreements: As an applicant for a position with the Borough of Lake Como, I understand and agree that I must provide truthful and accurate information in this application. I understand that my application may be rejected if any information is not complete, true and/or accurate. If hired, I understand that I may be separated from employment if the Borough of Lake Como later discovers that information on this form was incomplete, untrue and/or inaccurate. I give the Borough of Lake Como the right to investigate the information I have provided, talk with former employers (except where I have indicated they may not be contacted). I give the Borough of Lake Como the right to secure additional jobrelated information about me. I release the Borough of Lake Como and its representatives from all liability for seeking such information. I understand that the Borough of Lake Como is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the Borough of Lake Como will make reasonable accommodations as required by the Americans with Disabilities Act. I understand that, if employed, I may resign at any time and that the Borough of Lake Como may terminate me at any time in accordance with its established policies and procedures. No representatives of the Borough of Lake Como may make any assurances to the contrary. I understand that any offer of employment may be subject to job related medical, physical, drug and/or psychological tests. I also understand that some positions may involve complete background and criminal checks.

Applicant's Signature:	Date:
Conditions of Employment: Please be advised on the applicant passing a mandatory criminal basemployment physical may also be required. Pursapplicants are required to sign a consent form for and are not accounted for by the legal use of presapplicant shall be ineligible for hire unless they adrug or controlled substance for which they test processidered, you must sign and date below.	ackground check and drug test. A presuant to our personnel policy, all job r drug testing and if the test results are positive scription or non-prescription drugs the can establish a legal basis for the use of the
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