

# Application for Employment

Please Print

Weymouth Township  
45 South Jersey Avenue  
Dorothy, NJ 08317  
609-476-2633

Equal access to programs, services and employment opportunities is available to all persons without regard to race, creed, religion, color, national origin, ancestry, age, marital status, civil union status, domestic partnership status, affectional or sexual orientation, sex (including pregnancy), gender identity or expression, disability, liability for military service, atypical heredity cellular or blood trait, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print, or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

Name \_\_\_\_\_ Applicant ID # \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State ZIP Code

Telephone # ( ) \_\_\_\_\_ Cellular/Other Phone # ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

Referral Source (e.g., Walk-in, Job Posting, Company's Website, etc.) \_\_\_\_\_

If necessary, best time to call you is \_\_\_\_\_ : \_\_\_\_\_  
AM PM  
 Home  Cellular/Other

May we contact you at work? .....  Yes  No  
If yes, work number and best time to call:  
( ) \_\_\_\_\_ : \_\_\_\_\_  
AM PM

If you are under 18 and it is required,  
can you furnish a work permit?.....  N/A  Yes  No  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you submitted an application here before? .....  Yes  No  
If yes, give date(s) and position(s): \_\_\_\_\_  
\_\_\_\_\_

Have you ever been employed here before? .....  Yes  No  
If yes, give dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Is this application a request for reemployment  
following an extended military leave of absence  
from this company?.....  Yes  No  
If yes, additional information may be requested.

Are you lawfully authorized to work in  
the United States? .....  Yes  No  
Date available for work ..... \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your desired salary range or hourly rate of pay?  
\$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  
 Educational Co-Op  Seasonal  Temporary

Will you relocate if job requires it? .....  Yes  No

Will you travel if job requires it? .....  Yes  No

If they have been explained to you, are you able to meet the  
attendance requirements of the position? ...  N/A  Yes  No

Will you work overtime if required? .....  Yes  No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you able to perform the "essential functions" of the job for which  
you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please  
do not provide information about the existence of a disability, particular accommodation,  
or whether accommodation is necessary. These issues may be addressed at a later stage  
to the extent permitted by law.

Yes  No  Need more information about the  
job's "essential functions" to respond

Driver's license number required if driving may be required in the  
job for which you are applying:

\_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded? .....  Yes  No

Have you entered into an agreement with any former employer or  
other party (such as a noncompetition agreement) that might, in any  
way, restrict your ability to work for our company?.....  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone #	Dates employed: Month / Year to Month / Year
Street address	City State	<b>Compensation (Starting)</b>
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference?	Commission/Bonus/Other Compensation \$
Why did you leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<b>Compensation (Final)</b>
	E-mail:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Summarize the type of work performed and job responsibilities.		Commission/Bonus/Other Compensation \$
What did you like most about your position?		
What were the things you liked least about the position?		

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Summarize the type of work performed and job responsibilities.		Commission/Bonus/Other Compensation \$
What did you like most about your position?		
What were the things you liked least about the position?		

## Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury, or disability. \_\_\_\_\_

If not addressed on previous page, have you ever been fired or asked to resign from a job?.....  Yes  No

If yes, please explain: \_\_\_\_\_

## Skills and Qualifications

Summarize any special training, skills, languages, licenses, and/or certificates that may assist you in performing the position for which you are applying: \_\_\_\_\_

**Computer Skills** (Include software titles and level of experience, such as basic, intermediate, or advanced.)

Word Processing \_\_\_\_\_ Level: \_\_\_\_\_  Internet \_\_\_\_\_ Level: \_\_\_\_\_

Spreadsheet \_\_\_\_\_ Level: \_\_\_\_\_  Other \_\_\_\_\_ Level: \_\_\_\_\_

Presentation \_\_\_\_\_ Level: \_\_\_\_\_  Other \_\_\_\_\_ Level: \_\_\_\_\_

E-mail \_\_\_\_\_ Level: \_\_\_\_\_  Other \_\_\_\_\_ Level: \_\_\_\_\_

## Educational Background

Starting with your most recent school attended, provide the following information.

School (include City and State)	# of Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

## References

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors.

If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			( )		
			( )		
			( )		

**Related Information**

When answering these questions, please exclude any information that would reveal race, creed, religion, color, national origin, ancestry, age, marital status, civil union status, domestic partnership status, affectional or sexual orientation, sex (including pregnancy), gender identity or expression, disability, liability for military service, atypical heredity cellular or blood trait, genetic information, or other similarly protected status.

To what job-related organizations (professional, trade, etc.) do you belong? \_\_\_\_\_

\_\_\_\_\_

List special accomplishments, publications, awards, etc. \_\_\_\_\_

\_\_\_\_\_

List any relevant volunteer work. \_\_\_\_\_

\_\_\_\_\_

Is there any other job-related information you want us to know about you? \_\_\_\_\_

\_\_\_\_\_

**Applicant Statement**

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer

**This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her race, creed, religion, color, national origin, ancestry, age, marital status, civil union status, domestic partnership status, affectional or sexual orientation, sex (including pregnancy), gender identity or expression, disability, liability for military service, atypical heredity cellular or blood trait, genetic information, or any other protected status under applicable federal, state, or local law.**

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

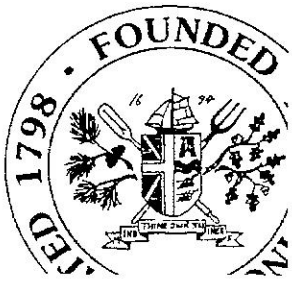
I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



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# WEYMOUTH TOWNSHIP OF WEYMOUTH

TOWNSHIP 1695 • CONSTABLEWICK IN GLOUCESTER COUNTY 1694  
INCORPORATED 1798 • TOWNSHIP IN ATLANTIC 1837

## DEPARTMENT OF PUBLIC WORKS

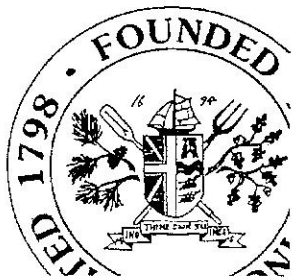
### Vehicle, Equipment and Tool Experience Questionnaire

1. Can you drive a manual transmission? \_\_\_\_\_
2. What type/size/weight of trucks have you driven? \_\_\_\_\_
3. Have you ever towed a trailer? \_\_\_\_\_ If so what type/size? \_\_\_\_\_  
\_\_\_\_\_
4. Have you ever operated a bucket / lift truck? \_\_\_\_\_ If so what type/size? \_\_\_\_\_
5. Have you ever plowed snow? \_\_\_\_\_ Public roads? \_\_\_\_\_ Parking Lots? \_\_\_\_\_
6. Have you ever operated a salt spreader? \_\_\_\_\_ If so what type? \_\_\_\_\_
7. Have you ever operated a tractor/loader? \_\_\_\_\_ If so what type/size/attachments. \_\_\_\_\_  
\_\_\_\_\_
8. What type of equipment have you operated? \_\_\_\_\_  
\_\_\_\_\_
9. Have you ever operated a brush/tree chipper? \_\_\_\_\_ If so what type/size. \_\_\_\_\_
10. Do you have any building maintenance experience? Explain \_\_\_\_\_  
\_\_\_\_\_
11. Do you have any landscaping/grounds experience? Explain \_\_\_\_\_  
\_\_\_\_\_
12. Do you have any experience with repairing vehicles/equipment? \_\_\_\_\_ Explain: \_\_\_\_\_  
\_\_\_\_\_
13. Do you have any carpentry experience? \_\_\_\_\_ Explain: \_\_\_\_\_  
\_\_\_\_\_
14. Do you have any masonry experience? \_\_\_\_\_ Explain: \_\_\_\_\_

**“MIND THINE OWN BUSINESS”**

RONALD C. CARROLL, CPWM • 45 SOUTH JERSEY AVE., DOROTHY, NEW JERSEY 08317

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## DEPARTMENT OF PUBLIC WORKS

15. Do you have any plumbing experience? \_\_\_\_\_ Explain: \_\_\_\_\_  
\_\_\_\_\_

16. Do you have any electrical experience? \_\_\_\_\_ Explain: \_\_\_\_\_  
\_\_\_\_\_

17. Do you have any tree trimming experience? \_\_\_\_\_ Explain: \_\_\_\_\_  
\_\_\_\_\_

Have ever operated any of the following equipment, hand tools, power tools?

- |                                     |                          |
|-------------------------------------|--------------------------|
| a. Push lawn mower _____            | s. Acetylene torch _____ |
| b. Lawn tractor _____               | t. Circular saw _____    |
| c. Zero turn lawn mower _____       | u. Cut off saw _____     |
| d. Plate compactor _____            | v. Saws-all _____        |
| e. Line trimmer _____               | w. Drill _____           |
| f. Gas power edger _____            | x. Grinder _____         |
| g. Gas power hedge trimmers _____   | y. Air tools _____       |
| h. Gas power blower _____           | z. Transit _____         |
| i. Roto-Tiller _____                |                          |
| j. Gas power broom _____            |                          |
| k. Chain saw & size _____           |                          |
| l. Pole chain saw _____             |                          |
| m. Electric generators _____        |                          |
| n. Gas power trash water pump _____ |                          |
| o. Concrete saw _____               |                          |
| p. Power washer _____               |                          |
| q. Water cannon _____               |                          |
| r. Battery charger _____            |                          |

*List any additional equipment, power tools and specialty tools that you have operated.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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