

CITY OF VENTNOR

6201 ATLANTIC AVE
VENTNOR NJ 08405



APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Personnel Department.

General Information

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Home Phone () _____ Alternate Number () _____

Email Address _____ Date of Application ____/____/____

Position or Type of Employment Desired _____

Have you ever been employed here before? ☐ Yes ☐ No

If yes, list position and date _____

Date you are available to start _____ Salary desired _____

If you are below the age of 18, can you provide proof of eligibility to work/permit? ☐ Yes ☐ No

Pursuant to Federal Law, Proof of U.S. Citizenship or immigration status will be required if you are hired.

Drivers License number if driving is an essential job function _____ State _____

Do you possess a CDL? ☐ Yes ☐ No If yes, which class? _____ Expiration date _____

If Driving is a requirement of my job, I understand that my drivers credentials will be verified for accuracy. ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No If **yes**, may we contact for a reference? ☐ Yes ☐ No

Interested in:

- Part-time** ☐
Temporary ☐
Full-time ☐
Seasonal ☐

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Employment History: This section must be completed even if you attach a resume. List your last four employers or volunteer assignments. Begin with the most recent. Include any military service. Explain any gaps in employment in the marked comments section located on the bottom of this page.

Employer:	Date Started:	Nature of work performed/job responsibilities:
Address:		
Job Title:	Date Left:	
Reason for Leaving:		
Supervisor's Name and Phone Number:		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	Date Started:	Nature of work performed/job responsibilities:
Address:		
Job Title:	Date Left:	
Reason for Leaving:		
Supervisor's Name and Phone Number:		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	Date Started:	Nature of work performed/job responsibilities:
Address:		
Job Title:	Date Left:	
Reason for Leaving:		
Supervisor's Name and Phone Number:		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	Date Started:	Nature of work performed/job responsibilities:
Address:		
Job Title:	Date Left:	
Reason for Leaving:		
Supervisor's Name and Phone Number:		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	Date Started:	Nature of work performed/job responsibilities:
Address:		
Job Title:	Date Left:	
Reason for Leaving:		
Supervisor's Name and Phone Number:		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Comments and Special Training: Please list any special skills, experience, training, licenses, certifications or other factors that make you especially qualified for the position in which you are applying. _____

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Education

SCHOOL	YEARS COMPLETED (CIRCLE)	GRADUATED (CIRCLE)	MAJOR FIELDS
High:	1 2 3 4	YES NO	
College:	1 2 3 4	YES NO	
Other:	1 2 3 4	YES NO	

References: List 3 individuals whom we may contact as a reference, not relatives.

NAME & ADDRESS	PHONE NUMBER	YEARS KNOWN

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with Ventnor City is true, complete and correct. I understand that my application may be rejected if any information is not complete, true and accurate. If hired, I understand that I may be separated from employment if Ventnor City later discovers that information on this form was incomplete, misrepresented in any respect, untrue or inaccurate.

I give Ventnor City its representatives or agents the right to investigate the information I have provided and verify the accuracy of all information provided by me in this application; including but not limited to contacting former employers (except where I have indicated they may not be contacted). I give Ventnor City the right to secure and verify job-related, educational and training information that I have provided. I hereby waive any and all rights and claims I may have regarding Ventnor City and its representatives from all liability for seeking such information in the employment process and all other persons, corporations or organizations for furnishing such information.

I understand that Ventnor City is an equal opportunity employer and does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal laws.

I understand that, if employed, I may resign at any time and that Ventnor City may terminate me at any time in accordance with its established policies and procedures. This application does not constitute an agreement or contract for employment and I understand that no representatives of Ventnor City may make any assurances to the contrary.

I also understand that any offer of employment may be subject to job-related medical, physical, drug or psychological tests. I also understand that some positions may involve complete background and criminal checks.

Please read the Applicant Statement above prior to signing below.

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

Applicant's Signature _____ Date ____/____/____