



# Township of Freehold

## *Pre-Employment Application*

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, handicap or marital status.

Date of Application : \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Referral Source:                      Advertisement       Friend       Relative       Other

Name:                      \_\_\_\_\_                      Social Security #: \_\_\_\_\_  
                    Last                      First                      Middle

Address:                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
                    Street                      City                      State                      Zip

Telephone (Home): \_\_\_\_\_      Cell: \_\_\_\_\_      Email: \_\_\_\_\_

Have you filed an application or been employed here before?                      Yes       No

If yes, list dates \_\_\_\_\_

Are you a citizen of the United States or an alien lawfully permitted to work in the U.S.?                      Yes       No

Are you available to work ?                      Full-Time       Part-Time

Are any of your friends or relatives employed by the Township of Freehold?                      Yes       No

Are you on lay-off and subject to recall?                      Yes       No

Driver's License?                      Yes       No

Commercial Driver's License?                      Yes       No       Class Endorsement: \_\_\_\_\_

Driver's License No: \_\_\_\_\_                      State of Issue: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Freehold Township prohibits smoking in all Township buildings, facilities as well as Township owned vehicles.**

Do you have any mental, medical impairment or disability which might limit your ability to perform job-related duties?

Yes

No

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

\_\_\_\_\_

Are you a Veteran?

Yes

No

Serial No. \_\_\_\_\_

If yes, what branch of military service? \_\_\_\_\_

**Please provide three references not related to you**

Name	Address	City, State, Zip	Phone	Email

**Education**

What is the highest year of school completed? \_\_\_\_\_

Describe specialized training, qualifications, apprenticeship, skills from previous employment or experience, and extracurricular activities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Employment Experience

List each job held. Start with your present or most recent job. Include military service assignments and volunteer activities.

1	Employer	Dates		Job Duties
		From	To	
	Address			
	Job Title			
	Supervisor			
	Reason for Leaving			
2	Employer	Dates		Job Duties
		From	To	
	Address			
	Job Title			
	Supervisor			
	Reason for Leaving			
3	Employer	Dates		Job Duties
		From	To	
	Address			
	Job Title			
	Supervisor			
	Reason for Leaving			
4	Employer	Dates		Job Duties
		From	To	
	Address			
	Job Title			
	Supervisor			
	Reason for Leaving			

*(If you need additional space, please continue on a separate sheet of paper)*

# AGREEMENT

I certify that answers given within are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at employment decision. I hereby release employers, schools or persons in connection with my application.

In the event of my 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 Township of Freehold.

In consideration of my employment, I agree my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of Freehold Township.

I also understand that a valid New Jersey Driver's License is a condition of employment with Freehold Township. Loss of driving privileges can result in termination of employment.

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Signature of Applicant

Date

Please print and sign this application after completing and fax it to the Freehold Township Human Resources Department at 732-294-2059.

Alternatively, you may mail it to:

Township of Freehold  
1 Municipal Plaza  
Freehold, NJ 07728  
Attn: Human Resources

Please include a copy of your resume.