



APPLICATION FOR EMPLOYMENT

PERSONAL DATA

Name: _____ E-Mail Address _____
 Last First Middle

Address: _____
 Street City State Zip code

Home Telephone: _____ Alternate Phone: _____

How long have you lived in this City? _____ In this State _____

Previous Address _____ City _____ State _____

How did you learn of our organization? Advertising Agency Friend Relative Walk-in
 Web Site Internal Recruiting Site School Direct Contact Other
Please Specify Name of Referral Source _____

Can you travel if a job requires it? Yes No Would you be willing to relocate? Yes No

Have you ever been bonded? _____. If so, on what jobs? _____

EMPLOYMENT INFORMATION

Position Applying for: _____ Starting Salary Desired: _____

Are you available to work: Full-Time (Indicate 1 2 3 shift) Start Date: _____
 Part-Time (Indicate: morning ___ afternoon ___ evening ___ Start Date: _____
 Temporary (Indicate dates) _____

Are you available to work: (1) Weekends Yes No (2) Overtime Yes No

Are you employed now? Yes No If so, may we contact your present employer? Yes No

Have you ever filed an application with Middlesex Borough? Yes No
If yes, when & with whom? _____

Have you ever been employed by Middlesex Borough? Yes No
If yes, when & with whom? _____

Have you a relative or friend in our employ? Yes No

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Can you, after employment, submit verification of your legal right to work in the U.S.? Yes No

Will you require Company sponsorship to work in the United States? Yes No

NOTICE TO APPLICANTS AND EMPLOYEES

We are an alcohol and illegal drug free employer. Screening tests for alcohol and illegal drug use may be required before hiring and during your employment, if hired.

EDUCATIONAL BACKGROUND

EDUCATION	COURSE OF STUDY	DID YOU GRADUATE?	DEGREE(S)	YEARS COMPLETED
ELEMENTARY SCHOOL	X	<input type="checkbox"/> Yes <input type="checkbox"/> No		
HIGH SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No		
UNDERGRADUATE COLLEGE/UNIVERSITY		<input type="checkbox"/> Yes <input type="checkbox"/> No		
GRADUATE/PROFESSIONAL		<input type="checkbox"/> Yes <input type="checkbox"/> No		
LIST ANY SPECIAL SCHOOLING, TRAINING OR HONORS RECEIVED				

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, creed, religion, sex, national origin, age, marital or veteran status, sexual orientation or the presence of a non-job-related medical condition or disability and liability for service in the United States Armed Forces or any other legally protected status. The Americans with Disabilities Act requires employers to provide reasonable accommodations for known physical or mental disabilities of applicants who can perform the essential functions of their position if the Company may do so without undue burden.

WORK HISTORY

Starting with PRESENT or MOST RECENT, list all previous employers (including civil service). Include self-employment, summer, co-op, part-time jobs, and all periods of UNEMPLOYMENT. If you are now working, reason for desire to quit must be included. Give reason for a lapse of time where a period of termination from one place of employment does not fit into the next place of employment. If space is inadequate use a separate sheet of paper. Attaching a resume is not considered completion of this Application.

Employer: _____ Phone no.: (____) _____
area code

Address: _____
Street City State Zip

Job Title: _____ Starting Salary: _____ Final Salary: _____

Supervisor (Name, Title): _____

Dates employed: From: _____ To: _____ Full-Time Part-Time
mo. yr. mo. yr.

Reason for leaving: _____

Description of primary responsibilities: _____

Employer: _____ Phone no.: (____) _____
area code

Address: _____
Street City State Zip

Job Title: _____ Starting Salary: _____ Final Salary: _____

Supervisor (Name, Title): _____

Dates employed: From: _____ To: _____ Full-Time Part-Time
mo. yr. mo. yr.

Reason for leaving: _____

Description of primary responsibilities: _____

Employer: _____ Phone no.: (____) _____
area code

Address: _____
Street City State Zip

Job Title: _____ Starting Salary: _____ Final Salary: _____

Supervisor (Name, Title): _____

Dates employed: From: _____ To: _____ Full-Time Part-Time
mo. yr. mo. yr.

Reason for leaving: _____

Description of primary responsibilities: _____

SKILLS

Check the following skills and experience which you possess.

Typing: _____ WPM Shorthand: _____ WPM

Operation of Machinery/Equipment (Specify) _____

Computer Software and Hardware (Specify) _____

Foreign Language(s) (Specify) _____ Read Write Speak _____

Driver's License _____

Military: Branch of Service _____ Rank at Discharge _____

Professional Certifications, Licenses, or Credentials _____

List professional, business and/or other skills related to your ability to perform the job for which you are applying and any books or articles you have written or inventions you have patented:

BUSINESS REFERENCES

List three professional references who we may contact who have known you for at least 2 years and who would have knowledge concerning your qualifications for this position.

NAME	YEARS KNOWN	JOB TITLE	COMPANY	HOME/ BUSINESS PHONE

ADDITIONAL DATA

State any additional information you feel may be helpful to us in considering your application.

PROFESSIONAL MEMBERSHIP DATA

List any job-related societies, organizations or associations to which you belong. You may exclude information indicative of your age, race, religion, sex, sexual orientation, marital status, disability, color or national origin.

Applicant's Name (please print)

Applicant's Signature

Date Signed

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Interviewer _____ Date _____
Employed Yes No Date of Employment _____
Job Title _____ Hourly Rate/
Salary _____ Department _____
By _____
Name and Title _____ Date _____