



# TOWNSHIP OF DENNIS

571 PETERSBURG ROAD, PO BOX 204  
DENNISVILLE, NJ 08214  
WWW.DENNISTWP.ORG (609)861-9700

## EMPLOYMENT APPLICATION

*Please be advised that background checks will be conducted.*

Position(s) applied for: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you over the age of 18? Yes No

If No, can you provide proof of eligibility to work? Yes No

Are you a citizen of the United States? Yes No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status? (proof of citizenship or immigration status will be required) Yes No

Have you ever filed an application with the Township before? Yes No

If Yes, when & what position? \_\_\_\_\_

Have you ever been employed by the township before? Yes No

If Yes, when & what position? \_\_\_\_\_

Have you ever been bonded? Yes No

If Yes, at what job(s)? \_\_\_\_\_

Are you currently employed? Yes No

If Yes, may we contact your employer? Yes No

On what date would you be available to begin work? \_\_\_\_\_

What type of work are you available for? Full Time Part Time Seasonal Temp

Are you currently on layoff status? Yes No

If Yes, are you subject to recall? Yes No

What method of transportation will you use to get to work? \_\_\_\_\_

## EMPLOYMENT APPLICATION

Are you currently disqualified from public employment due to a criminal conviction for which N.J.S.A. 2C:51-2.d applies? Yes                      No

Have you ever been convicted of a crime, excluding misdemeanors and summary of offences? Yes                      No

If Yes, please describe in full: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any friends or relatives currently or previously employed by the Township: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Name of most recent employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Date ended: \_\_\_\_\_  
Annual Salary or Hourly Wage: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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Name of previous employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Date ended: \_\_\_\_\_  
Annual Salary or Hourly Wage: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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Name of previous employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Date ended: \_\_\_\_\_  
Annual Salary or Hourly Wage: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

# EMPLOYMENT APPLICATION

Please list at least three Personal References (DO NOT list relatives)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

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Please list any Professional, Business or Civic Activities (include certifications and professional designations): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*You may exclude membership(s) which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.*

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Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18 years of age, Signature of Parent/Guardian: \_\_\_\_\_

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## FOR TOWNSHIP USE ONLY

Application Received by: \_\_\_\_\_ Date: \_\_\_\_\_