



CITY OF PASSAIC

330 Passaic Street, Passaic, NJ 07055

APPLICATION FOR EMPLOYMENT

The City of Passaic operates under the New Jersey Civil Service Commission Merit System and provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, gender, national origin, political affiliation, age, marital status, disability or genetics. In addition to federal law requirements, the City of Passaic complies with applicable state and local laws governing nondiscrimination in employment in every location in which the organization has facilities.

PERSONAL INFORMATION			
Name: (Last, First, MI)		Social Security Number:	
Present Street Address:	City:	State:	Zip Code:
Phone Number:		Email Address:	
Do you possess a valid NJ Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you possess a valid NJ Commercial Driver's License (CDL)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are under 18, and it is required, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYMENT DESIRED	
Position(s) applied for:	Type of Employment Desired: (Check all that apply) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal
Were you previously employed by us? If yes, when?	Have you previously worked for another government entity? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal
Date Available for Work:	

EDUCATION				
Name of School:	Location:	Course of Study:	Degree Received:	Dates Attended:
High School:				
College/University:				
Other: (i.e. Military Training, Vocational School)				

EMPLOYMENT HISTORY- Begin with the Most Recent

Please use attachments if necessary. Highlight your knowledge, skills and abilities, which best demonstrate your qualifications for this position.

Company Name:	City, State:	Period of Employment:
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Titles and Duties:

Reason for Leaving:	Supervisor's Name and Phone Number:	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Company Name:	City, State:	Period of Employment:
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Titles and Duties:

Reason for Leaving:	Supervisor's Name and Phone Number:	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Company Name:	City, State:	Period of Employment:
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Titles and Duties:

Reason for Leaving:	Supervisor's Name and Phone Number:	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
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SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job related functions in the position for which you are applying.

REFERENCES- List three business/work references who are not related to you. If not applicable, list three school or personal references who are not related to you.

Name: (Last, First, MI)	Occupation:	Telephone Number:	Email Address:

CERTIFICATION

I certify that the facts set forth above in my application for employment are true, complete and correct. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. I understand that this application will remain current for only three (3) years. At the conclusion of that time, if I have not heard from the City of Passaic and still wish to be considered for employment, it will be necessary to reapply and fill out a new application. I understand that offers of employment are contingent upon completion of an I-9 Form and provision of appropriate documents establishing identity and work authorization. You are hereby authorized to make any investigation of my financial and credit record through any investigative or credit agencies of bureaus of your choice only when bond ability is a valid job requirement.

Applicant's Signature:

Date:

FOR DIVISION OF PERSONNEL USE ONLY:

APPLICANT ID: