

Township of Mount Laurel  
35 Municipal Drive  
MOUNT LAUREL, NJ 08048  
For: \_\_\_\_\_

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

Position Applied

**THE TOWNSHIP OF MOUNT LAUREL  
IS AN EQUAL OPPORTUNITY EMPLOYER**

**THE TOWNSHIP OF MOUNT LAUREL CONSIDERS APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, CREED, COLOR, NATIONAL ORIGIN, ANCESTRY, RELIGION, AGE, MARITAL STATUS, CIVIL UNION STATUS, DOMESTIC PARTNERSHIP STATUS, AFFECTIONAL OR SEXUAL ORIENTATION, GENETIC INFORMATION, SEX, PREGNANCY, GENDER IDENTITY OR EXPRESSION, DISABILITY, LIABILITY FOR SERVICE IN THE ARMED FORCES OF THE UNITED STATES, VETERAN STATUS, CITIZENSHIP STATUS, OR ANY OTHER GROUP STATUS PROTECTED BY LAW.**

**As an Equal Opportunity Employer, the Township will make medically necessary reasonable accommodations during the application and/or interview process to enable a person with a disability to pursue an open position. It is the applicant's responsibility to inform the Township Administrator of the need for a reasonable accommodation and supply documentation to support the request.**

**The Township will not request, require or take into consideration an applicant's salary history. A resume is not a substitute for completing the application in its entirety.** Applications are only considered in connection with the position applied for as indicated below and remain active for six (6) months after which you must reapply for any opening to be considered for employment.

**Employment Application**

**Applicant Information:**

**Name (Last, First, Middle):** \_\_\_\_\_

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

**City/Town:** \_\_\_\_\_

**Phone (Work):** ( ) \_\_\_\_\_ **(Home/Cell):** ( ) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Have you ever applied to or been employed by the Township before:** \_\_\_\_ Yes \_\_\_\_ No

**If yes, give date(s)** \_\_\_\_\_

**Date you can start:** \_\_\_\_\_ **Salary desired:** \_\_\_\_\_

Are you available to work: \_\_\_ Full time \_\_\_ Part time \_\_\_ Shift work \_\_\_ Temporary

Are you currently employed: \_\_\_ Yes \_\_\_ No      May we contact you at work: \_\_\_ Yes \_\_\_ No

May we contact your current employer: \_\_\_ Yes \_\_\_ No

Are you currently on layoff status subject to recall: \_\_\_ Yes \_\_\_ No

Do you possess a current driver's license: \_\_\_ Yes \_\_\_ No

Do you possess a current commercial driver's license: \_\_\_ Yes \_\_\_ No

Please list any endorsements: \_\_\_\_\_

If you are under eighteen years of age, can you provide proof of eligibility to work: \_\_\_ Yes \_\_\_ No

Are you legally eligible to work in the United States of America: \_\_\_ Yes \_\_\_ No  
Pursuant to Federal Law, proof of US Citizenship or immigration status will be required if you are hired.

**Employment History:** This section must be completed even if you attach a resume. If you attach a resume, you are representing that the information contained within it is true, complete and accurate. List your last four employers, or all employment during the last ten years, and major assignments for each employer. Begin with the most recent. Include any military service.

\_\_\_\_\_  
1. Name of Employer

\_\_\_\_\_  
City State Zip

Telephone: \_\_\_\_\_ Type of Business: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_

Part-time      If part-time, number of hours regularly worked per week: \_\_\_\_\_

Nature of work performed: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Name and Title of Contact Person: \_\_\_\_\_

Yes       No

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2. Name of Employer

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City State Zip  
Telephone: \_\_\_\_\_ Type of Business: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_

Part-time If part-time, number of hours regularly worked per week: \_\_\_\_\_

Nature of work performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Name and Title of Contact Person: \_\_\_\_\_

Yes  No

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3. Name of Employer

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City State Zip  
Telephone: \_\_\_\_\_ Type of Business: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_

Part-time If part-time, number of hours regularly worked per week: \_\_\_\_\_

Nature of work performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Name and Title of Contact Person: \_\_\_\_\_

Yes  No

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4. Name of Employer

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City State Zip  
Telephone: \_\_\_\_\_ Type of Business: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_

Part-time If part-time, number of hours regularly worked per week: \_\_\_\_\_

Nature of work performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Name and Title of Supervisor: \_\_\_\_\_

Name and Title of Contact Person: \_\_\_\_\_

Yes             No

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5. Name of Employer

\_\_\_\_\_

Telephone: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Type of Business: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_

Part-time      If part-time, number of hours regularly worked per week: \_\_\_\_\_

Nature of work performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Name and Title of Contact Person: \_\_\_\_\_

Yes             No

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6. Name of Employer

\_\_\_\_\_

Telephone: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Type of Business: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_

Part-time      If part-time, number of hours regularly worked per week: \_\_\_\_\_

Nature of work performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Name and Title of Contact Person: \_\_\_\_\_

Yes             No

**Indicate below any current employer you prefer the Township not contact unless and until an offer of employment is extended to you by the Township:**

\_\_\_\_\_  
\_\_\_\_\_

**Education:** Provide information on your formal schooling and education. Include elementary, secondary, and post-secondary education, if any. Include any formal vocational or professional education. For high school and post-secondary education, indicate any major or specialty, such as Academic, Business, or Trade.

| School:  | Years completed:<br>(Circle) | Graduated:<br>(Circle) | Major Field: |
|----------|------------------------------|------------------------|--------------|
| High:    | 1 2 3 4                      | Yes No                 |              |
| College: | 1 2 3 4                      | Yes No                 |              |
| Other:   | 1 2 3 4                      | Yes No                 |              |

**Languages:** List any foreign languages you know and indicate your level of proficiency.

| Language: | Speak Some: | Speak Fluently: | Read: | Write: |
|-----------|-------------|-----------------|-------|--------|
|           |             |                 |       |        |
|           |             |                 |       |        |
|           |             |                 |       |        |

**Special Skills & Experience:** State any special skills, experience, training, licenses, certifications or other factors that make you especially qualified for the position for which you are applying.

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**Comments & Additional Information:** Is there any additional information about you we should consider?

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**References:** Provide the names, addresses and phone numbers of three people whom we may contact as a reference. They should not be relatives or former supervisors.

| Name & Address: | Phone Number: | Years Known: |
|-----------------|---------------|--------------|
|                 |               |              |
|                 |               |              |
|                 |               |              |

**CERTIFICATION, AUTHORIZATIONS & RELEASE:**

I certify that the answers within this application and any submissions made by me during the application process are true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application or any submissions made by me as the Township may, in its sole discretion, deem necessary in arriving at an employment decision unless I requested the Township not contact my current employer(s) until a job offer is extended to me. I release my current and former employers as well as others from any liability that might arise from the disclosure of information.

I understand that the discovery of any misrepresentation or omission of fact in this application will result in the rejection of my employment application, or in the event of employment, provide cause for termination of employment.

I also understand that all positions require complete background and criminal history checks. Criminal history checks will not be performed until after the initial interview process which may take place over the telephone. I understand and agree that I am required to sign a separate release allowing for a complete background investigation in order for my application to be considered complete. I understand that if I do not complete all steps in the hiring process, including post offer, pre-employment requirements, I will have been deemed to abandon my application and no further action will be required by the Township.

**I understand that, unless otherwise provided by an applicable collective bargaining agreement, if I am employed by the Township I may resign at any time and that the Township may terminate me at any time with or without cause. No representatives of the Township may make any assurances to the contrary.**

*For your application to be considered, you must sign and date below.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**This page for Township of Mount Laureluse only!**  
**Results of interview**

**Interviewer:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

## Voluntary Affirmative Action Information

You are not required to provide this information. Provide only if you wish.

If you provide information on this page, it will be filed separately from the job application. This information will be used only for purposes of the affirmative action program

### Applicant Information:

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

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

City/town: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Position Applied For: \_\_\_\_\_

How did you learn about this position?     Advertisement     Employment Agency  
 Friend     Relative     Walk-in     Other (Explain) \_\_\_\_\_

### Information Regarding Status:

Gender:

Male

Female

Equal Employment Opportunity identification groups:

White

African-American (non-Hispanic)

Hispanic

American Indian/Alaskan native

Asian/Pacific Islander

Other \_\_\_\_\_

Other protected Groups:

Individual with a disability

Vietnam-era veteran (served between 1964 and 1975)

Disabled veteran

**For Township of Mount Laureluse only**

Hired:  Yes     No    Position \_\_\_\_\_ Date \_\_\_\_\_

Which EEO job classification best describes the position for which the applicant applied?

1. Officials and Managers

4. Sales workers

7. Operators( semi-skilled)

2. Professionals

5. Office and clerical workers

8. Laborers (unskilled)

3. Technicians

6. Craft workers (skilled)

9. Service workers

Township Official \_\_\_\_\_ Date \_\_\_\_\_



**DRIVER'S LICENSE INFORMATION AND AUTHORIZATION FORM**

**The Job Posting will indicate whether driving is an essential function of the position and the type of license required for the position. Only complete those sections necessary for the type of license required for the position.**

Complete this section if driving is an essential part of the job for which you are applying.

Do you have a valid driver's license?       Yes       No

State of Issuance: \_\_\_\_\_ License Number: \_\_\_\_\_

Complete this section if the job for which you are applying requires that you possess a Commercial Driver's License:

Do you have a valid Commercial Driver's License?       Yes       No

Commercial Driver's License Number: \_\_\_\_\_

**Read completely before responding:** Have you tested positive on any pre-employment drug or alcohol test administered by an employer in connection with safety sensitive transportation work covered by Federal Department of Transportation (DOT) agency drug and alcohol testing rules during the past two years that you were not hired for?

Yes       No

Have you refused to test on any pre-employment drug or alcohol test administered by an employer in connection with safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years that you were not hired for?

Yes       No

Please sign on the line below to indicate your authorization for the Township of Mount Laurel to perform a record check of your Commercial Driver's License, upon an offer of employment by the Township.

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