

Seasonal Program
Application For Employment

City of Linden
Parks and Recreation
605 S. Wood Avenue, Linden, NJ 07036
(908) 474-8600

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
☐ Internet		☐ Friend/Relative	
☐ Employment Agency		☐ Walk-In	
		☐ Other	
Last Name		First Name	
Middle Name			
Address		Number	
Street		City	
State		Zip Code	
Telephone Number(s)		Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work/or working papers?

☐ Yes

☐ No

Have you ever filed an application with us before?

☐ Yes

☐ No

If Yes, give date

Have you ever been employed with us before?

☐ Yes

☐ No

If Yes, give date

Have you ever worked for a public/government employer?

☐ Yes

☐ No

If yes identify the name of the employer, dates worked, type of separation of service.

Are you or have you ever been a member of any Public Employees Retirement System?

☐ Yes

☐ No

If yes indicate name and membership number.

Are you a Veteran?

☐ Yes

☐ No

If yes, have you established Veteran's preference with the N.J. Civil Service Commission

☐ Yes

☐ No

Are you engaged in any business activity or employment which you plan to continue if employed by the City? If yes, your outside employment will be subject to further review regarding conflicts of interest.

☐ Yes

☐ No

If Yes, please explain

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

☐ Yes

☐ No

Proof of citizenship or immigration status will be required upon employment.

Are you currently employed?

On what date would you be available for work?

☐ Yes

☐ No

Are you available to work:

☐ Full Time

Part Time

☐ Shift Work

☐ Temporary

Are you currently on "lay-off" status and subject to recall?

☐ Yes

☐ No

Do you have any relatives who work for the City or are currently elected officials? If so please name the individuals.

☐ Yes

☐ No

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and / or write, including sign language, in which you are proficient enough to communicate on the job and are willing to use on the job, if so please list the languages.

Describe any specialized training, apprenticeship, skills and extra-curricular activities, licenses (CDL, Trade, military, etc.)

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills	Check Skills/Equipment Operated Other Computer Programs	Specialized Equipment
☐ Word	☐	☐
☐ Excel	☐	☐
☐ Power Point	☐	☐
☐ Billing System	☐	☐

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

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. _____ Yes _____ No

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1 .	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)				
	Job Title	Supervisor			
2 .	Reason for Leaving				
	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)				
Job Title	Supervisor				
3 .	Reason for Leaving				
	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)				
Job Title	Supervisor				
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Applicant's Statement

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, including the release of my personnel records from other employers, but excluding medical records unless I authorize a HIPAA release form.

This application for employment shall be considered active for a period of time not to exceed 45 days unless otherwise required by state statute or regulation requires to remain open for a longer duration. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. From your employment with the City at the time of the City's discovery of the false or misleading information.

I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No

Remarks: _____

Employed: ☐ Yes ☐ No Interviewer _____ Date _____

Date of Employment: _____ Hourly Rate Salary: _____

Job Title: _____ Department: _____

By: _____

Name and Title

Date

NOTES: _____

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

	<u>Specialized Machinery</u>	<u>Other Computer Programs</u>
_____ Word	_____	_____
_____ Excel	_____	_____
_____ Power Point	_____	_____
_____ Billing System	_____	_____

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

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Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

_____ Yes _____ No

References

1 .	_____	_____
	(Name)	(Phone)

	(Address)	
2 .	_____	_____
	(Name)	(Phone)

	(Address)	
3 .	_____	_____
	(Name)	(Phone)

	(Address)	

FOR PERSONNEL DEPARTMENT USE ONLY

F Applied For Is Open: ☐ Yes ☐ No

Position(s) Considered For: _____

Date _____