

Freehold Township prohibits smoking in all Township buildings, facilities as well as Township owned vehicles.

Do you have any mental, medical impairment or disability which might limit your ability to perform job-related duties?

Yes

No

If yes, please explain _____

Are you a Veteran?

Yes

No

Serial No. _____

If yes, what branch of military service? _____

Please provide three references not related to you

Name	Address	City, State, Zip	Phone	Email

Education

What is the highest year of school completed? _____

Describe specialized training, qualifications, apprenticeship, skills from previous employment or experience, and extracurricular activities:

Employment Experience

List each job held. Start with your present or most recent job. Include military service assignments and volunteer activities.

1	Employer	Dates		Job Duties
		From	To	
	Address			
	Job Title			
	Supervisor			
	Reason for Leaving			
2	Employer	Dates		Job Duties
		From	To	
	Address			
	Job Title			
	Supervisor			
	Reason for Leaving			
3	Employer	Dates		Job Duties
		From	To	
	Address			
	Job Title			
	Supervisor			
	Reason for Leaving			
4	Employer	Dates		Job Duties
		From	To	
	Address			
	Job Title			
	Supervisor			
	Reason for Leaving			

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

AGREEMENT

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

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at employment decision. I hereby release employers, schools or persons in connection with my application.

In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Township of Freehold.

In consideration of my employment, I agree my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of Freehold Township.

I also understand that a valid New Jersey Driver's License is a condition of employment with Freehold Township. Loss of driving privileges can result in termination of employment.

Signature of Applicant

Date

Please print and sign this application after completing and fax it to the Freehold Township Human Resources Department at 732-294-2059.

Alternatively, you may mail it to:

Township of Freehold
1 Municipal Plaza
Freehold, NJ 07728
Attn: Human Resources

Please include a copy of your resume.