



# APPLICATION FOR EMPLOYMENT

**TOWNSHIP OF MONTCLAIR**  
205 Claremont Avenue  
Montclair, New Jersey 07042  
Phone (973) 509-4939 • Fax (973) 233-1720  
[www.montclairnjusa.org](http://www.montclairnjusa.org)

## FOR OFFICIAL USE ONLY

Date Rec'd	
Department	
Interview	Yes No

Date

### Applicant Information

Full Name (First, Middle, Last)

Present Address (Street, Town, State, Zip)

Home Telephone #

Cell Telephone #

E-Mail Address

Are you legally eligible for employment in the United States: Yes No  
(Proof of citizenship or authorization to work in the United States will be required upon hire.)

Do you have a Drivers License? State

Position(s) applying for:

Were you previously employed by us?

☐ Yes ☐ No If yes, when? \_\_\_\_\_

If your application is considered favorably, on

what date will you be available to start work? \_\_\_\_\_

Do you have any special skills or qualifications which will be of benefit in the position for which you are applying?

Are you related to anyone currently employed by the Township of Montclair?

☐ Yes ☐ No If yes, employee name/department \_\_\_\_\_

Were you in the Armed Forces? Yes No If yes, what branch? \_\_\_\_\_

Dates of Duty: From \_\_\_\_\_ to \_\_\_\_\_ Rank at discharge: \_\_\_\_\_

If employed by the Township of Montclair are you willing to take a physical exam? Yes No

Are you available to work on Saturdays, Sundays, or evenings if required by your position? Yes No

Can you perform the essential functions of the job for which you are applying, with or without accommodation? Yes No

How did you hear about this position?

### Record of Education

	High School	College/University	Other	Other
School Name				
Location				
Last Year Completed	9 10 11 12	1 2 3 4		
Did you graduate?	Yes No	Yes No	Yes No	Yes No
Specify Degree or Certification Received				

\*Use this space to describe any internships, licenses, certifications or registrations that you possess which are related to the position for which you are applying.

What type of license(s), certification(s), and/or registration(s) do you hold?

What type of internship(s) have you completed?

In which state(s) do you hold the license(s), certification(s), and/or registration(s)?

Where was the internship(s) completed?

What was the original issue date of the license(s), certification(s), and/or registration(s)?

What were the dates of the internship(s)?

What is the date of your current license(s), certification(s), and/or registration(s)?

How many hours per week did you take part in the internship? \_\_\_\_\_

Was it part of a college curriculum? Yes No

<b>Employer #1</b>	<b>Employment History (start with your current or most recent job)</b>		
	Name of Company	Type of Business	
	Address	Telephone #	
	Job Title	Supervisor	
	Employment Dates		
	Work Performed		
	Reason for Leaving		

<b>Employer #2</b>	Name of Company	Type of Business	
	Address	Telephone #	
	Job Title	Supervisor	
	Employment Dates		
	Work Performed		
	Reason for Leaving		

<b>Employer #3</b>	Name of Company	Type of Business	
	Address	Telephone #	
	Job Title	Supervisor	
	Employment Dates		
	Work Performed		
	Reason for Leaving		

If there is a particular employer you do not wish us to contact, please indicate which one(s).	1	2	3
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The Township of Montclair is an equal opportunity employer and will not discriminate on the basis of race, color, creed, national origin, ancestry, political affiliation, age, marital status, sex, civil union status, domestic partnership status, familial status, genetic information, refusal to submit to a genetic test or make available the results of a genetic test, atypical heredity cellular or blood trait, pregnancy or any other protected status, affectional or sexual orientation, physical or mental disability, liability for military service or handicap.

All applicants to whom a conditional offer of employment is made must submit to a physical, drug and alcohol test as a condition of employment, as well as a criminal background check. Employment will not be denied solely on the basis of a conviction record, unless the conviction will have an adverse effect on the position for which the applicant is offered.

### Applicant's Statement

I hereby authorize the Township of Montclair to contact, obtain and verify the accuracy of information contained in this application from all previous employers (except where I have indicated they may not be contacted), educational institutions and references. I also hereby release the Township of Montclair and its representatives from all liability for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.

I certify that the facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on the application may result in my dismissal. I further understand that this application is not nor is it intended to be a contract of employment, nor does this application obligate the Township of Montclair in any way if the Township decides to employ me. No one other than the Township Manager has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by the Township Manager.

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

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

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**REFERENCE CHECK (FOR HR USE ONLY)**

NAME	COMMENTS



**TOWNSHIP OF MONTCLAIR  
AFFIRMATIVE ACTION INFORMATION FORM  
Voluntary Information**

**Job Applied For:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Race/Ethnic Category:**    ☐ **1 – White**                      ☐ **2 – Black**                      ☐ **3 – Hispanic**  
   ☐ **4 – Asian/Pacific Islander**                      ☐ **5 – American Indian/ Alaskan Native**

**Gender:**            ☐ **M – Male**                                      **In what year were you born?**  
                                 ☐ **F – Female**                                      \_\_\_\_\_

**Can you be categorized as a handicapped person?**                      ☐ **Yes**                      ☐ **No**

**Can you be categorized as a disabled veteran?**                      ☐ **Yes**                      ☐ **No**

**Can you be categorized as a Vietnam era veteran?**                      ☐ **Yes**                      ☐ **No**

**How did you learn of this job opportunity?**

1. ☐ **Applied on own initiative.**
2. ☐ **Referred by Township employee in the \_\_\_\_\_ department.**
3. ☐ **Advertisement in newspaper. Which one? \_\_\_\_\_**
4. ☐ **Job posted on bulletin board located at: \_\_\_\_\_**
5. ☐ **Other \_\_\_\_\_**

**DEFINITIONS**

**Race/Ethnic Categories**

***White*** – All non-Hispanic persons having origins in any of the original peoples of Europe, North America, or in the Middle East.

***Black*** – All non-Hispanic peoples having origins in any of the black racial groups of Africa.

***Hispanic*** – All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

***Asian/Pacific Islander*** – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indian sub-continent. The Indian sub-continent takes in the countries of India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim, and Bhutan.

***American Indian/Alaskan Native*** – All persons having origins in any of the original peoples of North America, including Alaskan Natives and who maintains identification through tribal affiliation or community recognition.

**Handicapped and Veteran Status**

***Handicapped Person*** – Any individual who has a physical or mental impairment that substantially limits one or more major life activities, has a record of, or is regarded as having such an impairment.

***Disabled Veteran*** – Any person entitled to compensation by the Veteran's Administration for a disability rated at 30% or more, or who was discharged or released from active duty by reason of service connected disability.

***Vietnam Era Veteran*** – Any veteran of the armed services who served on active duty for at least 181 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged honorably or released sooner because of service connected disability.

**THIS FORM WILL BE USED FOR STATISTICAL PURPOSES ONLY.  
IT WILL NOT BE RETAINED WITH THE APPLICATION PACKET.**