



EAST ORANGE PUBLIC LIBRARY
Employment Application Form

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(to be provided at interview)

Name: Last: First, M.I.

Address: Street City State Zip

Telephone(s): Home Cell Pager

Email Address:

Are you currently employed? Yes No If Yes, Work Telephone:

Are you a NJ licensed driver? Yes No If Yes, license #

Expiration date of licence: Type of license: Auto CDL Specify class:

Have you passed a NJ Dept. of Personnel (Civil Service) exam in the past 3 years? Yes No

If Yes, Position: Jurisdiction: Date:

List personal references: (Do not include relatives and/or former employers)

Table with 3 columns: NAME, STREET, CITY, STATE, ZIP, TELE #. Rows 1, 2, 3.

Are you a U.S. Veteran? Yes No If yes, specify dates of service: From to

If you have been convicted of an offense, other than minor traffic violations, please explain, and include the following: date, location, charge(s), court disposition. If additional space is needed use other side of paper. (NOTE: Unreported convictions may be cause of discharge.)

Blank lines for providing details of offenses.

NAME: \_\_\_\_\_  
Last: \_\_\_\_\_ First: \_\_\_\_\_

**PRIOR CITY EMPLOYMENT:**

Position: \_\_\_\_\_ Department: \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

**EDUCATION & TRAINING:**

Name/Location of High School attended: \_\_\_\_\_

Grade/Yr completed in school: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_ Date HSE/GED test passed: \_\_\_\_\_  
mm/yyyy mm/yyyy

Name/Location	From	To	FT/PT	Major Course	Credits Earned	Diploma/Degree
1. _____						
2. _____						
3. _____						

**EMPLOYMENT HISTORY: Begin with most recent employer and work back, use additional paper if necessary. Include periods of unemployment:**

- Employer & Address: \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_ Title: \_\_\_\_\_ Duties: \_\_\_\_\_  
mm/yy mm/yy  
Supr's Name: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_
- Employer & Address: \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_ Title: \_\_\_\_\_ Duties: \_\_\_\_\_  
mm/yy mm/yy  
Supr's Name: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_
- Employer & Address: \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_ Title: \_\_\_\_\_ Duties: \_\_\_\_\_  
mm/yy mm/yy  
Supr's Name: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**READ CAREFULLY BEFORE SIGNING**

*I, the undersigned, understand that falsification of this application may result in disqualification or removal from a City position. Further, I understand that a police investigation for records of any criminal convictions that have not been expurged will be made. I agree to submit to the required employment medical examination upon employment. (Circle 1) I do (explain below) / do not have a pre-existing medical condition. I certify that all answers to the questions contained in this employment application form are, to the best of my knowledge, true and complete.*

Date: \_\_\_\_\_ Legal Signature of Applicant: \_\_\_\_\_  
mm/dd/yyyy