



Township of Parsippany-Troy Hills

1001 Parsippany Boulevard
Parsippany, New Jersey 07054

An Equal Opportunity Employer

Application For
Employment

(Do not include any information regarding race, color,
Creed, religion, sex, national origin, or handicap).

DATE _____

Complete entire application legibly. (A resume may supplement but not substitute for this application).

NAME					SOCIAL SECURITY NO.	
HOME ADDRESS					TELEPHONE NO.	
Number & Street	City	County	State	Zip Code		
Are you under 18 years of age? Yes _____ No _____		Names of friends or relatives employed by us.				

False or misleading information provided in this application or as part of any interview may result in the discharge of the individual should he or she be employed by the Township.

Do you reside within the Township of Parsippany-Troy Hills?	Alien Reg. No. If not a US citizen	Dates (if) you were employed here before
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In case of emergency, notify:

Name	Address			Telephone No.	
Position Desired	Full Time	Part Time	Days and Hours if Part Time	Salary Expected	Date Available

How did you hear about this position?

EDUCATION

Circle Highest Year Attended	Name and Location of School	Major Course of Study and Degree Earned	Were you Graduated?
Grammar School 5 6 7 8			
High School 1 2 3 4			
Other School, Apprenticeship or College			

U.S. MILITARY SERVICE

Branch of Service	Rank	Specialty
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Special skills or training received: _____

CURRENT PART-TIME OR PERSONAL BUSINESS:

(over)

EMPLOYMENT RECORD

PRESENT OR LAST EMPLOYER

Name of Company		Type of Business			
Address					
Street and Number		City	State	Zip Code	Telephone
Title of Job	Employed From	To	Starting Rate	Present or Last Rate	
Description of Work					
Name of your Supervisor			Supervisor's Title		
Reason for Leaving			May We Consult Your Employer?		

NEXT TO LAST EMPLOYER (list other employers in similar order)

Name of Company		Type of Business			
Address					
Street and Number		City	State	Zip Code	Telephone
Title of Job	Employed From	To	Starting Rate	Present or Last Rate	
Description of Work					
Name of your Supervisor			Supervisor's Title		
Reason for Leaving			May We Consult Your Employer?		

Name of Company		Type of Business			
Address					
Street and Number		City	State	Zip Code	Telephone
Title of Job	Employed From	To	Starting Rate	Present or Last Rate	
Description of Work					
Name of your Supervisor			Supervisor's Title		
Reason for Leaving			May We Consult Your Employer?		

Name of Company		Type of Business			
Address					
Street and Number		City	State	Zip Code	Telephone
Title of Job	Employed From	To	Starting Rate	Present or Last Rate	
Description of Work					
Name of your Supervisor			Supervisor's Title		
Reason for Leaving			May We Consult Your Employer?		

REFERENCES

DO NOT GIVE RELATIVES OR FORMER EMPLOYERS AS REFERENCES

NAME	ADDRESS	TELEPHONE	BUSINESS	KNOWN FOR HOW LONG?
NAME	ADDRESS	TELEPHONE	BUSINESS	KNOW FOR HOW LONG?
NAME	ADDRESS	TELEPHONE	BUSINESS	KNOW FOR HOW LONG?

This application does not constitute an agreement or contract for employment for any specific period or definite duration. I understand that no representative of the Township other than an authorized official has the authority to make any assurances to the contrary. If I am hired I understand that I am free to resign at any time, with or without cause and without prior notice, except as may be required by law. I understand that if I am hired, I will be required to provide proof of identity and legal work authorization. A pre-employment medical examination will include a controlled substance abuse screening test. The Township reserves the right to withdraw a conditional job offer if the prospective employee receives a positive drug test result and reject an individual for employment if the medical examination determines that the job functions of the position cannot be performed with reasonable accommodation.

This application is current for 60 days. At the conclusion of this time if I have not heard from the Township and still wish to be considered for employment, I may contact the Personnel Department to extend my application for another 60 days.

The Township prohibits discrimination in employment and ensures that all applicants are recruited, employed and treated without regard to their age, race, color, creed, national origin, religion, ancestry, marital or veteran status, sex, affectional or sexual orientation or the presence of a non-job related medical condition or disability or any legally protected status.

Are you able to perform a job without an accommodation? [] Yes or [] No. If "No," describe how you would perform what accommodation would be needed:

If the job for which you are applying requires a Commercial Driver's License (CDL), do you possess a valid CDL [] Yes or [] No? Failure to obtain a CDL where necessary is grounds for termination. If the job for which you applied requires driving and you are on the suspended list, your application may not be considered.

Have you ever been convicted of a crime other than a minor traffic violation [] Yes or [] No? If yes, explain:

Conviction of a crime may not necessarily disqualify an applicant from employment.

I hereby authorize the investigation of all statements contained in this application. I hereby release the Township of Parsippany-Troy Hills or those individuals or corporations who provide information relating to my prior employment or character from all liability whatsoever that may issue from securing such information.

I agree to undergo a physical examination by a physician selected by the Township at any time before or during employment and authorize the examining physician to render to the Township complete reports of such examinations. If I am employed, I agree to abide by all the rules and regulations set fourth by the Township. I understand that the job I am applying for is temporary, pending successful completion of a Civil Service Examination and appointing procedures (this may not apply to jobs which are temporary, part-time, summer or seasonal). I understand that as a work place, the Township's facilities are smoke-free.

SHOULD YOU HAVE ANY QUESTIONS OR REQUIRE CLARIFICATION OF ANY ITEM IN THIS APPLICATION.
PLEASE ASK BEFORE SIGNING.

Date: _____ Signature: _____