

Borough of Surf City
 813 Long Beach Boulevard
 Surf City, NJ 08008
 (609)494-3064
 www.SurfCityNJ.org

PRE - EMPLOYMENT APPLICATION

FULL LEGAL NAME		PREFERRED NAME	DATE
POSITION DESIRED	ARE YOU 18 YEARS OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>		ARE YOU LICENSED DRIVER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DRIVER'S LICENSE NUMBER & STATE ISSUED		PHONE NUMBER(S) TO BEST REACH YOU	
EMAIL ADDRESS	HAVE YOU EVER WORKED FOR THE BOROUGH OF SURF CITY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE LIST DATES.		
MAILING ADDRESS	CITY	STATE	ZIP
SUMMER ADDRESS (IF APPLICABLE)	CITY	STATE	ZIP

EMERGENCY CONTACT INFORMATION

LAST NAME	FIRST NAME	PHONE NUMBER	RELATIONSHIP
ADDRESS	CITY	STATE	ZIP

EDUCATION, SKILLS, & TRAINING

HIGH SCHOOL NAME	YEARS ATTENDED	FIELD OF STUDY	DEGREE/DIPLOMA
COLLEGE NAME	YEARS ATTENDED	FIELD OF STUDY	DEGREE/DIPLOMA
BUSINESS/TECHNICAL SCHOOL NAME	YEARS ATTENDED	FIELD OF STUDY	DEGREE/DIPLOMA
ADDITIONAL	YEARS ATTENDED	FIELD OF STUDY	DEGREE/DIPLOMA
DID YOU SERVE IN THE MILITARY? YES <input type="checkbox"/> NO <input type="checkbox"/> PLEASE LIST DATES OF SERVICE, SKILLS AND/OR SPECIAL TRAINING			
PLEASE LIST ADDITIONAL CERTIFICATIONS, SKILLS OR TRAINING			

WORK EXPERIENCE

COMPANY NAME	ADDRESS	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
START DATE	END DATE	POSITION(S) HELD
COMPANY NAME	ADDRESS	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
START DATE	END DATE	POSITION(S) HELD
COMPANY NAME	ADDRESS	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
START DATE	END DATE	POSITION(S) HELD

PERSONAL REFERENCES

FIRST NAME	LAST NAME	CONTACT INFORMATION
FIRST NAME	LAST NAME	CONTACT INFORMATION

APPLICANT STATEMENT

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired. I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information. In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the Borough's sole option and without prior notice to me. I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the Borough or myself.

Applicant Signature _____ Date _____

If applicant is under the age of 18 a parent or legal guardian MUST sign below

Parent of Guardian Signature _____ Date _____