



**APPLICATION FOR EMPLOYMENT**

**CITY OF HACKENSACK**

65 Central Avenue  
HACKENSACK, N.J. 07601  
(201) 646-3906  
(201) 646-1623 (Fax)

**PERSONAL**

|                        |                         |                |                        |
|------------------------|-------------------------|----------------|------------------------|
| Last Name              | First Name              | Middle Initial | Social Security Number |
| Present Street Address | City                    | State          | Zip Code               |
| Telephone Number       | Previous Street Address | City           | State                  |
| Zip Code               | Date Available for work |                |                        |

This application for employment shall be considered for a period of time not to exceed 45 days.

Have you ever been convicted of a crime, including a disorderly person offense?

*(An affirmative response will not necessarily preclude you from employment.)*

YES  NO  If yes, give offense and date of conviction

Person to notify in case of emergency

|      |         |           |              |
|------|---------|-----------|--------------|
| Name | Address | Telephone | Relationship |
|------|---------|-----------|--------------|

Do you possess a valid New Jersey drivers license? Yes  No

Do you have any previous New Jersey State, County or Municipal Civil Service employment?

Yes  Permanent  Employer: \_\_\_\_\_ Dates: \_\_\_\_\_  
 No  Temporary  Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Are you in the US on a visa which prohibits you from working here? Yes  No

**MILITARY EXPERIENCE**

Have you ever received any notices to report for duty in the armed forces? Yes  No

|                   |                    |              |
|-------------------|--------------------|--------------|
| Branch of service | Military Specialty | Highest Rank |
|-------------------|--------------------|--------------|

|                          |        |
|--------------------------|--------|
| Service schools attended | Course |
|--------------------------|--------|

Are you eligible for veterans benefits? Yes  No

**EMPLOYMENT OBJECTIVES**

What position are you applying for?

Salary Desired \_\_\_\_\_ How did you learn of this position? \_\_\_\_\_

**EDUCATION**

| Name of High School(s) | Location | Course of Study | Degree Received | Dates Attended |
|------------------------|----------|-----------------|-----------------|----------------|
|------------------------|----------|-----------------|-----------------|----------------|

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| Name of College(s) | Location | Major | Degree Received | Dates Attended |
|--------------------|----------|-------|-----------------|----------------|
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| Name of Vocational School(s) | Location | Major | Degree Received | Dates Attended |
|------------------------------|----------|-------|-----------------|----------------|
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**EMPLOYMENT EXPERIENCE AND SKILLS**

|                         |                         |                       |                      |  |
|-------------------------|-------------------------|-----------------------|----------------------|--|
| <b>1. LAST EMPLOYER</b> |                         | Location              | Period of Employment | Reason for leaving   |
| Describe Duties         | Skills used or acquired | Salary<br>Start / End | Supervisor           | May we contact<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>2. LAST EMPLOYER</b> |                         | Location              | Period of Employment | Reason for leaving   |
| Describe Duties         | Skills used or acquired | Salary<br>Start / End | Supervisor           | May we contact<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>3. LAST EMPLOYER</b> |                         | Location              | Period of Employment | Reason for leaving   |
| Describe Duties         | Skills used or acquired | Salary<br>Start / End | Supervisor           | May we contact<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |

State number of years experience with each of these skills:

|                  |                              |
|------------------|------------------------------|
| _____ Accounting | _____ Typing _____ WPM Speed |
| _____ Bookkeeper | _____ Computer Skills        |
| _____ Payroll    | _____ Steno _____ WPM Speed  |

Do you possess any special licenses or state certificates?

Yes  No  If so, describe:

State law requires that you must be at least 18 years old before you can operate any power equipment. Are you at least 18 years old?

Yes  No

**REFERENCES (EXCLUDING RELATIVES OR FORMER EMPLOYEES)**

| Name | Address | Telephone Number | Occupation | How long has this person known you? |
|------|---------|------------------|------------|-------------------------------------|
|------|---------|------------------|------------|-------------------------------------|

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List any unions, professional, or trade organizations you are a member of:

**OPTIONAL**

List any hobbies or interests you have

List your relatives who are employees of the City and their relationship to you.

**AGREEMENT**

I CERTIFY that answers given herein are true and complete to the best of my knowledge. 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 that as a condition of employment, I may be required to pass the City's employment physical and any future physical examinations required by the City.

I HEREBY AUTHORIZE the City to contact my former employers, and/or reference sources, as part of the evaluation of my application for employment, and I hereby release such reference sources from any liability for the consequences of information which they may release to the City.

I UNDERSTAND that this application is not and is not intended to be a contract of employment.

I ALSO AGREE, upon termination of employment, to return any City property issued to me, or to allow reasonable value of same to be deducted from my wages or to pay the replacement cost of same to the City before my final check will be released to me.

Date of Application: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_