THE CITY OF SOUTH AMBOY



PLEASE CHECK ONE

APPLICATION FOR EMPLOYMENT ____ APPLICATION FOR VOLUNTEER FIRE ___ EMS___ OEM____

PERSONAL INFORMATION
Incomplete information could disqualify you from further consideration. Please complete all fields.
Name Date
Address
E-mail Address
Home Phone # Mobile Phone #
Are you legally eligible to be employed in the United States? Yes No
Are you at least 18 years or older? Tyes No (If no, you may be required to provide authorization to work.)
Have you ever been terminated from employment or asked to resign by an employer? Yes No
f yes, please provide company names and details
Can you work any shift? Yes No If no, explain:
Can you work overtime, including weekends? Yes No
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No
EMPLOYMENT DESIRED
Date you can startHourly rate/Salary(employment only)
Position desired
Are you currently employed? Yes No If so may we inquire of your present employer? Yes No
REFERRAL SOURCE
How did you hear about us? Walk In Advertisement Referral Other
Have you ever worked for the City of South Amboy before? Yes No If yes, please explain below.
Do you know anyone who works for The City of South Amboy? Yes No If yes, who?

EDUCATION	Name and location of school	Degree Received	Subjects studied/Major
High School			
College or University			
Trade, Business or Correspondence School			

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Incomplete information could disqualify you from further consideration. Please use additional sheets if necessary.

From	То	Employer	Telephone	
Job Title		Address		
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities		
Reason for lea	aving			
From	То	Employer	Telephone	
Job Title		Address		
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities		
Reason for lea	aving			
From	То	Employer	Telephone	
Job Title		Address		
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities		
Reason for lea	aving			
From	То	Employer	Telephone	
Job Title		Address		
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities		

Pageon for looving			
Reason for leaving			
Do you have any special skills, cert ability to perform the position applie	ifications, qualifications, experience and d for? If yes, explain.	or training that wou	ld enhance you
REFERENCES			
Give the names of three persons no	ot related to you, whom you have known	at least three (3) ye	ars.
Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			
employment with regard to race, co sexual harassment), sexual or	ial opportunity employer. The City of Solor, religion, national origin, citizenship stentation, marital status, physical or melorm military service or any other character.	status, ancestry, age ntal disability, militar	e, sex (including y status or
employment establishes any obligate either the City of South Amboy or I	etion of this application nor any other pation for the City of South Amboy to hire recan terminate my employment at any tince. I understand that no representative of the contrary.	me. If I am hired, I un ne and for any reaso	nderstand that on, with or
this application. No requested information references provided for employment	t I have given to the City of South Ambomation has been concealed. I authorize treference checks. If any information I had a this will constitute cause for the stand that this will constitute cause for the stand that the standard trees.	the City of South Am nave provided is unti	nboy to contact rue, or if I have
Signature		Date	

THIS APPLICATION IS VALID ONLY FOR 180 DAYS FROM THE DATE ABOVE

Updated 05/23/2024

The City of South Amboy * 140 North Broadway * South Amboy, NJ 08879 * Telephone (732) 525-5932