

THE CITY OF SOUTH AMBOY



PLEASE CHECK ON

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 # _____

1. Are you legally eligible to be employed in the United States? YES _____ NO _____

2. Are you at least 18 years of age? YES _____ NO _____ (If no, you may be required to provide authorization to work)

3. Have you ever been terminated or asked to resign by an employer? YES _____ NO _____

If YES, please provide company names and details _____

4. Can you work any shift? YES _____ NO _____ If NO, explain: _____

5. Can you work any shift, including weekends? YES _____ NO _____ If NO, explain: _____

6. Can you perform the essential functions for which you are applying, with or without reasonable accommodation? YES____ NO____

7. Please specify which fire engine you are applying for

_____ *Fire Department Applicants only*

EMPLOYMENT DESIRE

Date you can start_____ Hourly rate/Salary_____

Position Desired_____

Are you currently employed? YES____ NO____ If so, may we inquire of your present employer? YES____ NO____

REFERRAL SOURCE

1. How did you hear about us? WALK IN____ AVVERTISEMENT____ REFERRAL____
OTHER____

2. Have you ever worked for the City of South Amboy before? YES____ NO____

If YES, please explain: _____

3. Do you know anyone who works for the City of South Amboy? YES____ NO____

If yes, Who? _____

EDUCATION

EDUCATION	NAME AND LOCATION OF SCHOOL	DEGREE RECEIVED	SUBJECT STUDIED/MAJOR
HIGH SCHOOL			
COLLEGE OR UNIVERSITY			
TRADE, BUSINESS. OR CORRESPONDING 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.

1.

FROM _____ TO _____

EMPLOYER _____

ADDRESS _____

EMPLOYER TELEPHONE # _____ JOB TITLE _____

IMMEDIATE SUPERVISOR NAME _____

SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB

RESPONSIBILITIES _____

REASON FOR LEAVING _____

2.

FROM _____ TO _____

EMPLOYER _____

ADDRESS _____

EMPLOYER TELEPHONE # _____ JOB TITLE _____

IMMEDIATE SUPERVISOR NAME_____

SUMMARIZE THE NATURE OF WORK PREFORMED AND JOB

RESPONSIBILITIES_____

REASON FOR LEAVING_____

3.

FROM_____ TO_____

EMPLOYER_____

ADDRESS_____

EMPLOYER TELEPHONE #_____ JOB TITLE_____

IMMEDIATE SUPERVISOR NAME_____

SUMMARIZE THE NATURE OF WORK PREFORMED AND JOB

RESPONSIBILITIES_____

REASON FOR LEAVING_____

4.

FROM_____ TO_____

EMPLOYER_____

ADDRESS_____

EMPLOYER TELEPHONE #_____ JOB TITLE_____

IMMEDIATE SUPERVISOR NAME_____

SUMMARIZE THE NATURE OF WORK PREFORMED AND JOB RESPONSIBILITIES_____

REASON FOR LEAVING_____

DO YOU HAVE ANY SPECIAL SKILLS, CERTIFICATIONS, QUALIFICATIONS, EXPERIENCE AND/OR TRAINING THAT WOULD ENHANCE YOUR ABILITY TO PREFORM THE POSITION APPLIED FOR ? IF YES, EXPLAIN.

REFERENCES

	NAME	ADDRESS, PHONE EMAIL	COMPANY	YEARS ACQUAINTED
1				
2				
3				

THE CITY OF SOUTH AMBOY IS AN EQUAL OPPORTUNITY EMPLOYER. THE CITY OF SOUTH AMBOY DOES NOT DISCRIMINATE IN EMPLOYMENT WITH REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, CITIZENSHIP STATUS, ANCESTRY, AGE, SEX (INCLUDING SEXUAL HARASSMENT), SEXUAL ORIENTATION, MARITAL STATUS, PHYSICAL OR MENTAL, DISABILITY, MILITARY STATUS OR UNFAVORABLE DISCHARGE FROM MILITARY SERVICE OR ANY OTHER CHARACTERISTIC PROTECTED BY LAW.

Please read carefully before signing

I understand that completing this application or any other part of my consideration for employment does not establish any obligation for the City of South Amboy to hire me. If I am hired, I understand that either the City of South Amboy or I can terminate my employment at any time and for any reason, with or without cause or prior notice. I understand that no representative of the City of South Amboy has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to the City of South Amboy is true and complete information on this application. No request information has been concealed. I authorize the City of South Amboy to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature_____ **Date**_____

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

UPDATED 04/30/2025

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