East Windsor Police Department

APPLICATION FOR EMPLOYMENT

PERSONAL

Date: _____

Name: _____ Soc. Sec. No. _____
Last First Middle

Address: _____
No. Street City State Zip

Telephone Number(s): Home: _____ Cell: _____

Position(s) Applied For: _____

Have you been previously employed by this department and/or town? Yes _____ No _____
If Yes, when and where: _____

List any Experience, Skill(s), or Qualification(s) that you believe will be of special benefit for the position(s) you are applying. (Applicants should not list any information that Federal and/or State Law precludes from obtaining during the per-employment phase).

_____

_____

_____

EDUCATION

ELEMENTARY SCHOOL

Name of School: _____
Address: _____
Dates Attended: From: _____ To: _____
Month / Year Month / Year

HIGH SCHOOL

Name of School: _____
Address: _____
Dates Attended: From: _____ To: _____
Month / Year Month / Year
Course of Study: _____ Did You Graduate? Yes _____ No _____
List Diploma(s) , Degree(s), or Certification(s) Received: _____

COLLEGE

Name of School: _____
Address: _____
Dates Attended: **From:** _____ **To:** _____
Month / Year **Month / Year**
Course of Study: _____ **Did You Graduate?** **Yes** _____ **No** _____
List Diploma(s) , Degree(s), or Certification(s)
Received: _____

OTHER (Specify Type of School)

Name of School: _____
Address: _____
Dates Attended: **From:** _____ **To:** _____
Month / Year **Month / Year**
Course of Study: _____ **Did You Graduate?** **Yes** _____ **No** _____
List Diploma(s) , Degree(s), or Certification(s)
Received: _____

EMPLOYMENT

Name of Company: _____
Address: _____
Type of Business: _____ **Salary:** **Start:** _____ **Finish:** _____
Dates of Employment: **From:** _____ **To:** _____
Month / Year **Month / Year**
Name of Supervisor: _____ **Telephone No:** _____
Describe Position and Related Duties:
_____
_____
_____

Name of Company: _____
Address: _____
Type of Business: _____ **Salary:** **Start:** _____ **Finish:** _____
Dates of Employment: **From:** _____ **To:** _____
Month / Year **Month / Year**
Name of Supervisor: _____ **Telephone No:** _____
Describe Position and Related Duties:
_____
_____
_____

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Address: _____
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Month / Year **Month / Year**
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_____
_____

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Month / Year Month / Year
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_____
_____
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Dates of Employment: From: _____ To: _____
Month / Year Month / Year
Name of Supervisor: _____ Telephone No: _____
Describe Position and Related Duties:

_____
_____
_____

PERSONAL REFERENCES

(Not Former Employers of Relatives)

Name: _____ Telephone No: _____
Address: _____
Occupation: _____ Years Known: _____
Name: _____ Telephone No: _____
Address: _____
Occupation: _____ Years Known: _____
Name: _____ Telephone No: _____
Address: _____
Occupation: _____ Years Known: _____

MILITARY SERVICE RECORD

Were you in the U. S. Armed Forces? Yes _____ No _____ If Yes, What Branch? _____

Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for?

_____
_____

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment with the Town of East Windsor, Department of Police, are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer descides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason, or no reason. No one other than a member of this departments Administration has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing, signed by a member of the Administration. You are hereby authorized to initiate any investigation of my personal history, including financial and credit records through any investigative or credit agencies or bureaus of your choice.

In making this application for employment I authorize you to make an investigative consumer report whereby information obtained through personal interviews with my neighbors, friends, or others with whom I am aquatinted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request, within a reasonable period of time, to receive additional, detailed information about the nature and scope of any such investigative report that is made.

_____

Signature of Applicant

To Applicant: READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS IN THIS AREA. The Civil Rights Act of 1964 prohibits discrimination in employment based on race, color, creed, religion, sex, or national origin. Federal Law further prohibits other types of discrimination such as age and citizenship. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based on ancestry, marital status or physical or mental handicap or disability. The Fair Credit Reporting Act imposes restrictions with respect to credit data.

The following information is being sought for employment purposes ONLY and said information is being requested for a legally permissible reason, including, without limitation, national security requirements, a bonafide occupational qualification or business necessity.

How long have you lived at your present address? _____

Previous Address: _____

Have you ever been bonded? _____ **If Yes, on what jobs?** _____

Have you ever been convicted of a crime, excluding Misdemeanors and Summary offenses, in the past ten years, which has not been annulled, expunged, or sealed by a court? _____ **If Yes, describe in full:**

_____

_____

Do you have any physical condition, which may limit your ability to perform the particular position for which you are applying? _____ **If Yes, describe in full:**

_____

_____

Do you have any physical defects which preclude you from performing any types of work? _____
If Yes, describe such defects and specific work limitations:

_____

_____

Have you ever received compensation for injuries? _____ **If Yes, describe in full:**

_____

_____

List any friends, acquaintances or relatives working for this department, other than spouses:

_____

Name(s)