



Franklin Township

475 Demott Lane, Somerset, NJ 08873

EMPLOYMENT APPLICATION

NAME			Date	
ADDRESS			Telephone No.	
CITY		STATE		ZIP CODE
Circle Highest Grade Completed Grade School 1 2 3 4 5 6 7 8		High School 1 2 3 4	College 1 2 3 4	Highest Degree Granted
List any vocational school, colleges, and graduate school which you have attended:				
Name	Date Attended	Graduation	Major Area of Study	Degree or License
	From: To:	YES NO		
	From: To:	YES NO		
	From: To:	YES NO		
1. Are you a Franklin Township resident? For how many years?		2. Machine operated and/or special skills:		Typing : YES NO Shorthand: YES NO
3. Have you ever been convicted of an offense? YES NO If yes, give details in the box at the right. A conviction will not necessarily preclude your employment.				
4. Military Experience	Branch of Service			Dates in Service
5. Valid Drivers License? YES NO	Valid CDL YES NO	6. Has License ever been suspended? YES NO If yes, explain in detail. Attach additional sheet if necessary		
Valid Auto Insurance? YES NO	Valid A B Class YES NO			
7. Professional Membership:				
8. Have you ever been employed by Franklin Township? YES NO			If yes, when From _____ To _____	
In what capacity?			Under what name?	

9. How did you learn about this position?

WORK EXPERIENCE

Please attach resume / additional sheets if necessary

10. Do you have any references that are currently employed by Franklin Township? If so, give Name and Position.

Name and address of previous employer:	Title of your position
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Date employed in this position From _____ To _____	Reason for leaving
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<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Number of hours per week	Describe your duties in detail
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Name and address of previous employer:	Title of your position
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Date employed in this position From _____ To _____	Reason for leaving
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<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Number of hours per week	Describe your duties in detail
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POSITION APPLYING FOR:

Other positions for which you feel you are qualified:

SIGNATURE OF APPLICANT	I certify that the information on this application is true and correct to the best of my knowledge. If I am appointed on the basis of any misstatement herein, I shall be subject to removal Signature _____ Date _____
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<input type="checkbox"/> I HAVE ATTACHED MY RESUME TO THIS APPLICATION
<input type="checkbox"/> I HAVE ATTACHED SUPPLEMENTAL INFORMATION TO THIS APPLICATION

