



City of Passaic

Application for Employment

An Equal Opportunity Employer operating under the New Jersey Civil Service Merit System

The City of Passaic provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, gender, national origin, political affiliation, age, marital status, disability or genetics. In addition to federal law requirements, the City of Passaic complies with applicable state and local laws governing nondiscrimination in employment in every location in which the organization has facilities.

PERSONAL

Last Name:	First Name:	Middle Initial:	Social Security No.:
Present Street Address:	City:	State:	Zip Code:
Home Phone Number:	Cell Phone Number:	Email Address:	
Person to notify in case of emergency:			
Name:	Address:	Telephone Number:	Relationship:

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

Do you possess a valid New Jersey driver's license? Yes No Do you possess a CDL? Yes No

EMPLOYMENT OBJECTIVE

Position applied for:	Date Available for work:
Were you previously employed by us? If yes, when?	

EDUCATION

Name of High School(s)	Location	Course of Study	Degree Received	Dates Attended
Name of College(s)	Location	Course of Study	Degree Received	Dates Attended
Name of Vocational School(s)	Location	Course of Study	Degree Received	Dates Attended

MILITARY EXPERIENCE

Branch of Service:	Military Specialty:	Highest Rank:
Service Schools attended:		Course:

Are you eligible for veteran's benefits? Yes No

EMPLOYMENT EXPERIENCE AND SKILLS

Please use attachments if necessary. Starting with your most recent, list all present and past employment. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position.

1. Company Name:	Location:	Period of Employment:	Reason for Leaving:
Describe Duties:	Salary: (Start/End)	Supervisor:	May we contact: (Y/N)

2. Company Name:	Location:	Period of Employment:	Reason for Leaving:
Describe Duties:	Salary: (Start/End)	Supervisor:	May we contact: (Y/N)
3. Company Name:	Location:	Period of Employment:	Reason for Leaving:
Describe Duties:	Salary: (Start/End)	Supervisor:	May we contact: (Y/N)

Please list any additional experiences, skills or qualifications which you feel would especially fit you for work with the City? _____

REFERENCES (excluding relatives or former employees)

Name:	Address:	Telephone Number:	Occupation:

CERTIFICATION

I certify that the facts set forth above in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my financial and credit record through any investigative or credit agencies of bureaus of your choice only when bond ability is a valid job requirement.

Date of Application: _____ **Signature of Applicant:** _____