



THE CITY OF EAST ORANGE
Employment Application Form

SS # ***-**-****
(to be provided at interview)

Name: _____
Last First MI

Address: _____
Street City State Zip

Telephone(s) _____
Home Cell Pager

E-Mail address: _____

Are you currently employed: Yes No If yes, work telephone _____

Are you a NJ licensed driver: Yes No If yes, license # _____

Expiration Date of License: _____ Type of License: Auto CDL Specify Class _____
mm/yyyy

Have you passed a NJ Dept of Personnel (Civil Service) exam in the past three years: Yes No

If yes, position: _____ Jurisdiction: _____ Date: _____
mm/dd/yyyy

List personal references: (**Do not** include relatives and/or former employers)

NAME	STREET	CITY, STATE, ZIP, TELE#
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Are you a U.S. Veteran: Yes No If yes, specify dates of service: From _____ to _____
And attach copy of discharge forms mm/yyyy mm/yyyy

If you have been convicted of an offense, other than minor traffic violations, please explain, and include the following: date, location, charge(s), court and disposition. If additional space is needed use other side of paper. (NOTE: Unreported convictions may be cause for discharge)

Name: _____, _____
Last First

Position: _____ Department: _____

Position: _____ Department: _____

Position: _____ Department: _____

EDUCATION & TRAINING:

Name/Location of High School attended: _____

Grade/Yr completed in school: _____ Date of Graduation: _____ Date HSE/GED passed _____
mm/yyyy mm/yyyy

Name/Location	From	To	FT/PT	Major Course	Credits Earned	Diploma/Degree
1. _____						
2. _____						
3. _____						

EMPLOYMENT HISTORY: Begin with most recent employer and work back, use additional paper if necessary. Include periods of unemployment.

- Employer & Address _____
From _____ to _____ Title _____ Duties _____
Supr's Name _____ Reason for Leaving _____
- Employer & Address _____
From _____ to _____ Title _____ Duties _____
Supr's Name _____ Reason for Leaving _____
- Employer & Address _____
From _____ to _____ Title _____ Duties _____
Supr's Name _____ Reason for Leaving _____

READ CAREFULLY BEFORE SIGNING

I, the undersigned, understand that falsification of this application may result in disqualification or removal from a City position. Further, I understand that a police investigation for records of any criminal convictions that have not been expunged will be made. I agree to submit to the required employment medical examination upon employment. **(Circle 1)** I do (explain below)/do not have a pre-existing medical condition. I certify that all answers to the questions contained in this employment application form are, to the best of my knowledge, true and complete.

Date: _____ Legal Signature of Applicant _____
mm/dd/yyyy