



CITY OF BURLINGTON

525 High Street, Burlington, NJ 08016

APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative.

Please Print:

Position(s) Applied For	Date of Application		
Print Name (Last, First, & Middle)			
Street Address	City	State	Zip Code
Main Phone Number	Alternate Phone Number	Email	

Employment Experience: Please list the names of your present or previous employers in chronological order with present or most recent employer listed first. Be sure to account for all periods of time. If self-employed, give firm name and supply business references. Add additional page if necessary.

1. Name of Employer	Supervisor	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title and Duties		
Reason for Leaving		
Address		

Phone Number	Dates Employed (Month/Year)	
	From	To

2. Name of Employer	Supervisor	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title and Duties		
Reason for Leaving		
Address		
Phone Number	Dates Employed (Month/Year)	
	From	To

3. Name of Employer	Supervisor	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title and Duties		
Reason for Leaving		
Address		
Phone Number	Dates Employed (Month/Year)	
	From	To

*Please use an additional sheet if your employment history exceeds 3 positions.

Have you ever been involuntarily terminated or asked to resign from any job?..... Yes No

If yes, please explain:

Please list any other experience, job related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment:

Education

Please describe your educational background in the table provided below:

	School Name	Years Completed	Diploma/ Degree (Yes/No)	Area of Study/Major	Specialized Training, Skills or Extra-Curricular Activities
High School					
College/ University					
Graduate/ Professional School					
Trade School					
Other					

References

Please list four references. (At least **two** professional reference of an individual who is not related to you.):

Name and Title	Relationship	Phone Number or Email

General Information

1. Are you currently disqualified from public employment due to a criminal conviction?
 Yes No
2. Have you ever worked for the City of Burlington previously?..... Yes No
 - a. If yes, please give dates and position: _____
 - b. If yes, state your reason for leaving: _____
3. Do you have friends and/or relatives who currently work for the City of Burlington? Yes No
 - a. If yes, provide the name(s), title, and relationship(s) to you: _____

4. On what date are you available to begin work? _____
5. Days/Hours available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6. Are you available to work? Full-time Part-time Shift Work Temporary
7. Are you at least 18 years old?..... Yes No
 - a. Note: If under 18, hire is subject to verification that you are of minimum legal age.
8. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation?..... Yes No
 - a. Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.
 - b. Please list any reasonable accommodations requested, if necessary:

Applicant's Statement and Agreement:

Please read and initial each paragraph below.

I understand and agree that if my employment application to the City of Burlington is incomplete, my application for employment may be rejected and I may be disqualified from being hired.

I hereby authorize the City of Burlington to thoroughly investigate my references, work record, education and other background matters to verify my experience, credentials, and suitability for employment. I further, authorize the prior employers and references I have listed to disclose to the City of Burlington any and all letters, reports and other information related to my work history and work records, without giving me prior notice of such disclosure. In addition, I hereby release the City of Burlington, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation of my credentials, experience and references or their disclosure relating to a request for information.

In the event that I become employed with the City of Burlington, I understand that I am required to comply with all rules and regulations of the City of Burlington.

If hired, I understand and agree that my employment with the City of Burlington is at-will, and that neither I, nor the City of Burlington is required to continue the employment relationship for any specific term. I further understand that the City of Burlington or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

I understand that safety of employees is extremely important to the City of Burlington and that the City of Burlington is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and precautions to protect employee health, including my health and the health and safety of fellow employees.

I hereby certify that all of the answers and information provided by me in this-written application and throughout the application process (including any oral interviews and background checks) are true and correct as well as complete. I further certify that I, the undersigned applicant, have personally reviewed and completed this application. I understand that any omission or misstatement of material fact on this application or the inaccuracy or falsification of any document or information used to secure employment with the City shall be grounds for rejection of this application and acknowledge that it is sufficient grounds for my immediate discharge if I am employed, regardless of the amount of time which elapsed before

I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

I understand that screening tests for illegal drug use may be required before hiring and during my employment here.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

My signature below attests to the fact that I have read, understand, and agree to all of the above terms and that all of the information which I have provided in this application and during the application process (including any personal interviews) is true.

Signature: _____

Name (print): _____ **Date:** _____

**CITY OF BURLINGTON
AFFIRMATIVE ACTION
VOLUNTARY INFORMATION**

The City of Burlington considers all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. To be filed separately from application. The information will be used and kept confidential in accordance with applicable laws and regulations.

Please Print

Position(s) applied for: _____ Date: ____ / ____ / ____

Referral Source

<input type="checkbox"/> Walk-in	<input type="checkbox"/> Government Employment Agency	<input type="checkbox"/> Private Employment Agency
<input type="checkbox"/> Employee	<input type="checkbox"/> Relative	<input type="checkbox"/> School
<input type="checkbox"/> Advertisement-Source _____		<input type="checkbox"/> Other _____

Name of person who referred you **IF APPLICABLE** _____

Applicant Information

Name: _____ Telephone # (____) _____
Last _____ First _____ M.I. _____

Address: _____
Street _____ City _____ State _____ Zip _____
 Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian / Other Pacific Islander	<input type="checkbox"/> Asian
<input type="checkbox"/> Hispanic / Latino (White race only)	<input type="checkbox"/> Black / African American
<input type="checkbox"/> Hispanic / Latino (all other races)	

For Administrative Use Only

Position(s) applied for

Available Not Available Other

Other positions considered for _____

Hired Yes No

Position hired for _____ Date of hire _____ / _____ / _____

From the EEO job classifications listed below, which one best describes the position filled?

<input type="checkbox"/> Officials and Managers	<input type="checkbox"/> Sales Workers	<input type="checkbox"/> Operatives (semi-skilled)
<input type="checkbox"/> Professionals	<input type="checkbox"/> Office and Clerical Workers	<input type="checkbox"/> Laborers (unskilled)
<input type="checkbox"/> Technicians	<input type="checkbox"/> Craft Workers (skilled)	<input type="checkbox"/> Service Workers

Notes: _____

Completed by: _____ Date: ____ / ____ / ____