



EMPLOYMENT APPLICATION
Township of Lower

Revised 02/15/2024

Applicants Information	
Name (Last, First, Middle)	
Address:	
Phone(Cell):	
Phone(Home):	
Email:	

Position applied for: _____

How did you learn about this position? Advertisement Employment Agency Friend
 Relative Walk-in Other (Explain) _____

Have you ever applied to the (Township) before: Yes No **If yes, give date:** _____

Have you ever been employed with us before? Yes No **If yes, give date:** _____

Date available to start: _____ **Salary desired:** _____

Are you available to work: Full time Part time Shift work Temporary

Are you currently employed? Yes No **May we contact you at work?** Yes No

May we contact your current employer? Yes No

Are you currently on layoff status and subject to recall? Yes No

Do you possess a current driver's license? Yes No

Do you possess a current commercial driver's license? Yes No

Please list any endorsements: _____

If you are under eighteen years of age, can you provide proof of eligibility to work?
 Yes No

Are you legally eligible to work in the United States of America? Yes No

Pursuant to Federal Law, proof of US Citizenship or immigration status will be required if you are hired.

The Township of Lower is an Equal Opportunity Employee

Employment History: This section must be completed even if you attach a resume. List your last four employers and major assignments within the same employer. Begin with the most recent. Include any military service. Explain any gaps in employment in the space on this form marked comments located on the bottom of this page.

Start Date:	End Date:
Employer: Contact Info: (Address, Phone Number)	Job Title: Responsibilities:
Supervisor Name:	May we contact for a reference:
Reason for leaving:	
Start Date:	End Date:
Employer: Contact Info: (Address, Phone Number)	Job Title: Responsibilities:
Supervisor Name:	May we contact for a reference:
Reason for leaving:	
Start Date:	End Date:
Employer: Contact Info: (Address, Phone Number)	Job Title: Responsibilities:
Supervisor Name:	May we contact for a reference:
Reason for leaving:	
Start Date:	End Date:
Employer: Contact Info: (Address, Phone Number)	Job Title: Responsibilities:
Supervisor Name:	May we contact for a reference:
Reason for leaving:	
Start Date:	End Date:
Employer: Contact Info: (Address, Phone Number)	Job Title: Responsibilities:
Supervisor Name:	May we contact for a reference:
Reason for leaving:	
Comments:	

Education: Provide information on your formal schooling and education. Include elementary, secondary, and post-secondary education, if any. Include any formal vocational or professional education. For high school and post-secondary education, indicate any major or specialty, such as Academic, Business, or Trade.

School:	Years completed:	Graduated:	Major Field:
High School:	1 2 3 4	Yes No	
College:	1 2 3 4	Yes No	
Other:	1 2 3 4	Yes No	

Special Skills & Experience: State any special skills, experience, training, licenses, certifications or other factors that make you especially qualified for the position for which you are applying.

Comments & Additional Information: Is there any additional information about you we should consider?

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? ___YES ___NO

References: Provide the names, addresses and phone numbers of three people whom we may contact as a reference. They should not be relatives or former supervisors.

Name & Address:	Phone Number:	Years Known:

Understandings and Agreements:

As an applicant for a position with the (Township), I understand and agree that I must provide truthful and accurate information in this application. I understand that my application may be rejected if any information is not complete, true and accurate. If hired, I understand that I may be separated from employment if the (Township) later discovers that information on this form was incomplete, untrue, or inaccurate. I give the (Township) the right to investigate the information I have provided, talk with former employers (except where I have indicated they may not be contacted). I give the (Township) the right to secure additional job-related information about me. I release the (Township) and its representatives from all liability for seeking such information. I understand that the (Township) is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the (Township) will make reasonable accommodations as required by the Americans with Disabilities Act. I understand that, if employed, I may resign at any time and that the (Township) may terminate me at any time in accordance with its established policies and procedures. No representatives of the (Township) may make any assurances to the contrary. I understand that any offer of employment may be subject to job-related medical, physical, drug, or psychological tests. I also understand that some positions may involve complete background and criminal checks. *For your application to be considered, you must sign and date below.*

Applicant's Signature _____ Date _____

Please e-mail completed application and resume to Christina Lewis, Human Resources Coordinator at clewis@townshipoflower.org.

Christina Lewis
Human Resources Coordinator
2600 Bayshore Road
Villas, NJ 08251
609-886-2005 ext. 181