



APPLICATION FOR EMPLOYMENT  
TOWNSHIP OF STILLWATER

An Equal Opportunity Employer

We do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, handicap or any other legally protected status. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

PLEASE PRINT (except for signatures)

Specify Job Title or type of work applied for: \_\_\_\_\_ Today's Date \_\_\_\_\_

PERSONAL DATA

\_\_\_\_\_  
Last Name                      First Name                      Middle/Initial                      Telephone Number

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Are you a citizen of the United States or do you have a valid work permit?    Yes \_\_\_    No \_\_\_

Have you ever applied for employment with the Township of Stillwater? Yes \_\_\_    No \_\_\_

GENERAL

Have you ever worked for the Township of Stillwater before?    Yes \_\_\_    No \_\_\_    If yes, list title and dates below:

Are you presently employed?    Yes \_\_\_    No \_\_\_

If applying for a job with the Department of Public Works:

Do you have a valid driver's license?    Yes \_\_\_    No \_\_\_

Do you have a valid CDL?    Yes \_\_\_    No \_\_\_

EDUCATION

High School \_\_\_\_\_ City/State \_\_\_\_\_

Did you graduate?    Yes \_\_\_    No \_\_\_    Highest Grade Completed \_\_\_\_\_

College \_\_\_\_\_ City/State \_\_\_\_\_

Did you graduate?    Yes \_\_\_    No \_\_\_    Highest Grade Completed \_\_\_\_\_

If yes year and degree \_\_\_\_\_

WORK HISTORY

Name of Most Recent Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ MAY WE CONTACT? Yes \_\_\_\_\_ No \_\_\_\_\_

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Name of Most Recent Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ MAY WE CONTACT? Yes \_\_\_\_\_ No \_\_\_\_\_

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Name of Most Recent Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ MAY WE CONTACT? Yes \_\_\_\_\_ No \_\_\_\_\_

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OTHER TRAINING AND/OR SPECIAL SKILLS

If you are applying for a position with the Department of Public Works, please list all equipment which you can operate: \_\_\_\_\_  
\_\_\_\_\_

If you are applying for a position with clerical duties, do you have computer skills and experience?  
Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, what program software do you use? \_\_\_\_\_  
\_\_\_\_\_

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MILITARY

Did you serve in the U.S. Armed Forces? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, (branch)\_\_\_\_\_

Describe any training received relevant to the position for which you are applying\_\_\_\_\_

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REFERENCES

Name	Address	Phone	Occupation
1 _____			
2 _____			
3 _____			

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PUBLIC EMPLOYMENT

The Township of Stillwater is a public employer governed by the New Jersey Civil Service Commission and the Department of Community Affairs (“DCA”). Applicants and employees are required to comply with all applicable Civil Service and DCA job requirements

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PRE-EMPLOYMENT DRUG SCREENING ACKNOWLEDGMENT

I understand that my employment with the Township of Stillwater may be conditioned upon my successfully completing a test (negative result) for the presence of illegal drugs and/or the presence of alcohol. Any offer of employment with the Township of Stillwater that has been made prior to the pre-employment drug screening will be withdrawn if I test positive for illegal drugs and/or alcohol.

\_\_\_\_\_  
Signature of Applicant as Acknowledgment

\_\_\_\_\_  
Date

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UNDERSTANDING AND AGREEMENTS

I hereby certify that the facts set forth in my application for employment with Stillwater Township are true and complete to the best of my knowledge. I understand that falsifications of the application are grounds for disqualification or further consideration or for the dismissal from employment. I give the Township of Stillwater 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 Stillwater Township the right to secure additional job-related information about me. I agree to conform to the rules and regulations of Stillwater Township and understand that my employment and compensation can be terminated in accordance with these rules and any other applicable regulations and/or laws. I understand that any offer of employment may be subject to job-related medical physical, drug, or psychological tests. I understand that some positions may involve complete background and criminal checks.

\_\_\_\_\_  
Signature of Applicant as Acknowledgment

\_\_\_\_\_  
Date