TOWNSHIP OF HILLSBOROUGH
APPLICATION FOR EMPLOYMENT

Job applicants are considered for all positions without regard to race, creed, color, national origin, sex, affectional or sexual orientation, age, religion, marital, veteran status, or disability. The Township will not tolerate any form of discrimination or sexual harassment.

The **Americans with Disabilities Act of 1990** prohibits employers from discriminating against any qualified person on the basis of a disability. The Township of Hillsborough makes reasonable accommodations during all aspects of the employment process, such as testing and interviews. The Township also makes reasonable accommodations in the work environment to enable a person with a disability to perform the essential job functions and to participate equally with co-workers without disabilities. However, the Township can only make reasonable accommodations when it is aware of a disability and can only make reasonable accommodations in the workplace according to law. **It is up to you to inform the Township if you need a reasonable accommodation**. The Township may ask you for documentation to support your request for a reasonable accommodation at any time. If you need a reasonable accommodation before the interview process begins, please inform the Township Administrator's office.

The Township of Hillsborough is an Equal Opportunity Employer.

(PLEASE PRINT)

Position Applied For	Date of Application

How did you learn about us?

☐ Advertisement ☐ Friend ☐ Walk-In ☐ Internet/Township Website

☐ Employment Agency ☐ Relative ☐ Other _____

Last Name	First Name	Middle Name

Address *NumberStreet*	*City*	*State*	*Zip Code*

Telephone Number(s) Home: _____ Cell: _____ Email:	Social Security Number

If you are under eighteen (18) years of age, can you provide required proof of your eligibility to work?		☐ Yes ☐ No
Have you ever filed an application with the Township of Hillsborough before?		☐ Yes ☐ No
	If yes, give date and position applied for:	
Have you ever been employed by the Township of Hillsborough before?		☐ Yes ☐ No
	If yes, give dates employed and position:	
Are you currently employed?		☐ Yes ☐ No
May we contact your present employer? (If no, please explain in detail) on separate sheet		☐ Yes ☐ No
Are you prevented by any local, State or Federal agency from becoming employed in this country because of Visa or Immigration Status? (*Proof of citizenship or immigration status will be required upon employment*)		☐ Yes ☐ No
On what date would you be available for work?		

Are you available to work: (Please circle one)

FULL- TIME PART-TIME SHIFT WORK TEMPORARY

Are you currently on "lay-off" status or any other status for which you are subject to recall?		☐ Yes ☐ No
Can you travel if the job position sought requires it?		☐ Yes ☐ No

EDUCATION				
	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DEGREE RECEIVED
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
GRADUATE OR PROFESSIONAL				
OTHER				

FOREIGN LANGUAGES **(Please indicate your level of mastery by writing the language in the appropriate boxes below)**			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

ADDITIONAL SKILLS/ACTIVITIES/MILITARY
Describe any specialized training, apprenticeship, skills, extra-curricular activities and (if applicable) any job related military training received in the United States military. Please also list any professional, trade, business or civil activities and offices held.

EMPLOYMENT EXPERIENCE
(In Descending Order from Current (or Last) Employer)

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary:		
	Job Title / Supervisor	Starting	Final	
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary:		
	Job Title / Supervisor	Starting	Final	
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary:		
	Job Title / Supervisor	Starting	Final	
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary:		
	Job Title / Supervisor	Starting	Final	
	Reason for Leaving			

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE PIECE OF PAPER.

ADDITIONAL INFORMATION

OTHER QUALIFICATIONS

Summarize all special job-related skill and qualifications acquired from previous employment and/or other life experience(s) and state any additional information you feel may be helpful to the Township in considering your application.

SPECIALIZED SKILLS

Please list all specialized skills

REFERENCES

1. _____
   (Name) (Phone Number)

   _____
   (Address)

2. _____
   (Name) (Phone Number)

   _____
   (Address)

3. _____
   (Name) (Phone Number)

   _____
   (Address)

NOTE TO PROSPECTIVE APPLICANTS: DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.	
Are you capable of performing, in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached hereto.	___ YES ___ NO

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed ninety (90) calendar days from the date below. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature unless covered by a collective bargaining agreement. This means that the Employee may resign at any time and that the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in an applicable collective bargaining agreement.

In the event of employment, I understand that any false or misleading information given in my application or interview(s), shall result in my immediate discharge from Township employment. I further understand that I am required to abide by all rules and regulations of the Township.

_____ _____

Signature of Applicant Date

_____ _____

Signature of Parent/Guardian if under 18 Years of Age Date

FOR TOWNSHIP USE ONLY

Arrange Interview ____YES ____ NO

Remarks:

_____

_____ Interviewer: _____ Date: _____

Employed ____YES ____NO Date of Employment:_____

Job Title: _____ Hourly Rate/Salary: _____ Department:_____

By:_____
Name and Title Date

POSITION APPLIED FOR IS OPEN: ____YES ____NO

Position(s) considered for: _____

Date:

NOTES:_____

_____

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