



**City of Rahway
One City Hall Plaza
Rahway, NJ 07065**

EMPLOYMENT APPLICATION

An Equal Opportunity Employer Operating under New Jersey
Civil Service Commission and an Established Affirmative Action Program

1.	Type of work or position applied for:	Salary Requested
2.	Name _____ (Last) (First) (Middle)	
3.	Home Address _____ (Number and Street) (Apt.#) _____ (City) (State) (County) (Zip Code)	
4.	Telephone Number(s) _____ (Home) (Business)	
5.	Are you a citizen of the United States or an alien authorized to work in the United States? U.S. Citizen () Work Authorized Alien () <i>(If you are an alien authorized to work in the United States and if you are offered employment, you must give to the City documents required by the United States Citizenship and Immigration Services to prove your legal right to work in the United States.)</i>	
6.	Are you over 18 years old? Yes () No () <i>(If you are under 18, you must submit working papers if you are offered employment.)</i>	
7. (a)	Do you possess a valid driver's license that is valid in New Jersey? Yes () No ()	
(b)	Driver's license number and state of issue: _____ <i>(Answer this question only if it is a requirement as indicated on the job announcement or description.)</i>	
8.	Have you ever been educated or worked under a different name? Yes () No () <i>(If "Yes," specify the other name and at what job or educational institution it was used.)</i>	
9. (a)	Have you ever served in the Armed Forces of the United States? Yes () No ()	
(b)	If you have served, specify the Branch of Service _____ and your dates of service _____ and the condition of your discharge _____	

<p>10. (a)</p> <p>(b)</p> <p>(c)</p>	<p>Have you reviewed the job duties for the job you have applied for, which are specified in the Job Description and Announcement? Yes () No ()</p> <p>Are you able to perform the essential duties of the job you have applied for, with or without an accommodation? Yes () No ()</p> <p>If you answered “No” to Question 10 (b), please explain:</p> <p style="text-align: center;"><i>(Use additional sheet, if necessary.)</i></p>
<p>11. (a)</p> <p>(b)</p> <p>(c)</p>	<p>Do you or any member of your immediate family own or have any interest in any business or organization that deals with, is regulated by, or is otherwise affected by the official government operations of the City of Rahway? Yes () No ()</p> <p>Are you involved in any organizations or circumstances that may present possible conflicts of interest, should you be employed by the City of Rahway? Yes () No ()</p> <p>If you have answered “Yes” to questions 11 (a) or (b), please explain:</p> <p style="text-align: center;"><i>(Use additional sheet, if necessary.)</i></p>
<p>12. (a)</p> <p>(b)</p>	<p>Do you have relatives who work for the City of Rahway? Yes () No ()</p> <p>If “Yes,” please answer the following questions:</p> <p>(i) Name of the Relative _____</p> <p>(ii) Relationship to you _____</p> <p>(iii) Relative’s Position _____</p> <p><i>(PLEASE NOTE that the sole purpose of Questions #11 and #12 are to avoid possible conflicts of interest should you be employed by the City of Rahway. Your response will not be used for any other purpose.)</i></p>
<p>13.</p>	<p>Person(s) to notify in case of emergency?</p> <p>(i) Name: _____ Relationship: _____ Tel. No.: _____ Address _____</p> <p>(ii) Name: _____ Relationship: _____ Tel. No.: _____ Address _____</p>
<p>14. (a)</p> <p>(b)</p> <p>(c)</p> <p>(d)</p> <p>(e)</p>	<p>Position applying for: _____</p> <p>On what date will you be available to start work? _____</p> <p>Can you work any assigned shift? Yes () No ()</p> <p>Can you work Overtime () Nights () Weekends () Holidays ()</p> <p>If you answered “No” to Question 14 (c) or (d), please explain any unavailability.</p> <p style="text-align: center;"><i>(Use additional sheet, if necessary.)</i></p>

15.	COLLEGE AND GRADUATE SCHOOL List any schools, college and graduate schools which you have attended.				
Name and Location	Dates Attended (Month/Year)	Credit Hours Completed	Major Area of Study	Type of degree	Did you Graduate?
	From:				Yes No () ()
	To:				
	From:				Yes No () ()
	To:				
	From:				Yes No () ()
	To:				
	From:				Yes No () ()
	To:				
16.	OTHER SCHOOLS OR TRAINING COURSES Include business, vocational, technical, and other schools you have attended that are related to the title for which you are applying. If it is not full-time curriculum, be specific as to number of hours attended.				
Name and Location	Dates Attended (Month/Year)	Subjects or Courses		Was Course Completed?	
	From:			Yes No () ()	
	To:				
	From:			Yes No () ()	
	To:				
	From:			Yes No () ()	
	To:				
	From:			Yes No () ()	
	To:				
17.	Use this space to describe any license, certificates, registrations skills, crafts, including machines or equipment operated, or languages you can read/write/or speak, which relates to the position to which you are applying.				

18.	LIST ALL EMPLOYMENT Start with present or last position and work back. Include military and volunteer experience. Please complete in full even though you may attach a resume. <i>(Use additional sheets, if necessary.)</i>		
FROM	TO	POSITION TITLE	SUPERVISOR'S NAME
Mo./Yr.	Mo./Yr.		
EMPLOYER'S NAME AND ADDRESS		Full Time () Part Time (), hours per week ____	
		REASON FOR LEAVING	
DESCRIPTION OF DUTIES			
FROM	TO	POSITION TITLE	SUPERVISOR'S NAME
Mo./Yr.	Mo./Yr.		
EMPLOYER'S NAME AND ADDRESS		Full Time () Part Time (), hours per week ____	
		REASON FOR LEAVING	
DESCRIPTION OF DUTIES			
FROM	TO	POSITION TITLE	SUPERVISOR'S NAME
Mo./Yr.	Mo./Yr.		
EMPLOYER'S NAME AND ADDRESS		Full Time () Part Time (), hours per week ____	
		REASON FOR LEAVING	
DESCRIPTION OF DUTIES			

19.	Do you have any objection to our making inquiries of the above employers regarding your employment? Yes () No () If "Yes," please explain:
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20.	List three (3) persons unrelated to you whom we may contact for information concerning your qualifications.
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Name	Address	Phone No.	Occupation

APPLICANT CERTIFICATION

I, _____ (print your name) hereby certify that, to the best of my knowledge and belief, the answers to the questions I have given on this application and the facts that I have supplied are true and complete. I am aware that if I have given false, misleading or incomplete answers or facts in this application, my application will be rejected and that, if I am employed, any such falsification, misleading or incomplete answers or facts supplied herein shall be a basis for termination of my employment.

Signature: _____	Date: _____
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BACKGROUND DATA: Completion of this part is voluntary and is to be used only for statistical purpose in conformance with the City of Rahway's Affirmative Action Program.

Date of Birth: _____	Sex: Male ()	Female ()
Check the group you are a member of:	African American ()	Hispanic ()
	Caucasian ()	Native American ()
	Asian ()	Other, specify:

Revised July 31, 2019

Return completed application to:
City of Rahway - Department of Administration
1 City Hall Plaza
Rahway, NJ 07065



**City of Rahway
One City Hall Plaza
Rahway, NJ 07065**

**Supplemental Driving Application
for City of Rahway Positions Requiring
Driver's License and/or Commercial Driver's License (CDL)**

Name: _____ Date of Birth: _____

1. Do you hold a valid driver's license? Yes () No ()
License No. _____ State: _____ Expiration Date: _____

If no, what date will you obtain your license? _____

2. Do you hold a CDL license? Yes () No ()
License No. _____ State: _____ Expiration Date: _____

3. Have you held a license in any other state in the past five (5) years from the date of this application?

Explain

(Note: If you have held a driver's license from another state within the past five (5) years, IT IS YOUR RESPONSIBILITY to provide our office with a copy of your driving record from that state. You must do this within a two (2) week period after the closing date for acceptance of applications for the position.)

4. Do you presently have any traffic violations pending? Yes () No ()

5. Have you ever been denied a license, permit or privilege to operate a motor vehicle in New Jersey or any other state? Yes () No ()

6. Has your license been revoked, suspended or canceled in the past five (5) years from the date of this application? Yes () No ()

If yes, explain _____

7. Do you presently have any points? Yes () No ()

If yes, specify the number and date of occurrence, _____

8. Do you presently hold more than one valid driver's license? Yes () No ()

If yes, explain _____

- 9 Have you ever been disqualified as a driver under the Federal Motor Vehicle Carrier Safety Standards? Yes () No ()

If yes, explain _____

In accordance with the Commercial Motor Vehicle Safety Act of 1986, a driver is not allowed to operate a commercial motor vehicle if he/she holds more than one (1) license; or his/her license has been revoked, suspended or canceled; or if he/she has been disqualified as a driver under the Federal Motor Vehicle Carrier Safety Standards.

10. In accordance with the Commercial Motor Vehicle Safety Act of 1986, you are required to list any experience you have had as a commercial vehicle driver within the past ten (10) years from the date of this application. Have you included this information on your application form? Yes () No ()

If no, explain _____

APPLICANT'S AUTHORIZATION

I, _____ (print your name) authorize the City of Rahway to run a MVR report. Yes () No ()

Signature: _____ Date: _____

APPLICANT'S CERTIFICATION

I, _____ (print your name) hereby certify that, to the best of my knowledge and belief, the answers to the questions I have given on this supplemental driving application and the facts that I have supplied are true and complete. I am aware that if I have given false, misleading or incomplete answers or facts in this application, my application will be rejected and that, if I am employed, any such falsification, misleading or incomplete answers or facts supplied herein shall be a basis for termination of my employment.

Signature: _____ Date: _____