

APPLICATION FOR EMPLOYMENT

THE BOROUGH OF ROSELLE PARK
 110 East Westfield Avenue
 Roselle Park, New Jersey 07204

PERSONAL INFORMATION:

Name: _____

LAST
FIRST
MIDDLE

Permanent Address: _____

STREET
CITY
STATE
ZIP
PRIMARY PHONE NUMBER

Mailing Address: _____

STREET
CITY
STATE
ZIP
SOCIAL SECURITY NUMBER

Are you a Citizen of the United States? YES or NO *If NO:* Registration Number: _____

Are you related to anyone currently employed by the Borough? YES or NO

If YES: State name of individual and Department: _____

FULL NAME
DEPARTMENT

EMPLOYMENT DESIRED: Full-Time Part-Time Temporary / Seasonal

Desired Position: _____ Date You Can Start: _____ Desired Salary: \$ _____

Are you currently employed? _____ *If YES;* can we inquire with your employer? _____

YES or NO
YES or NO

Have you ever applied with the Borough of Roselle Park before? *If YES;* when and for what position?

EDUCATION	Name & Location	Did you Graduate? (Y/N)	Degree Attained	Course of Study
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Trade, Business, Other	_____	_____	_____	_____

Other Qualifications: _____

United States Military Service (Include service dates, rank, and current assignment *if applicable*):

If you have been convicted of any offense, other than a parking violations, please describe
 (Note: A conviction will not necessarily disqualify the applicant from employment): _____

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FORMER EMPLOYERS *(List below last four employers, starting with most recent first)*

Date Range		Name and Address	Salary	Position	Reason for Leaving
FROM	TO				

REFERENCES *(Provide the names of three persons not related to you, whom you have known at least one year)*

NOTICE: The Borough of Roselle Park will not accept current members of the governing body, Borough Department Heads, or other Borough employees as references for employment. Should this application include these individuals it may disqualify you from consideration (*Ref. Borough Resolution 281-17*).

Name	Address	Business or Occupation	Years Acquainted
1.			
2.			
3.			

PHYSICAL RECORD

Do you have any physical, mental, or medical impairment which will interfere with your ability to perform the essential functions of the job for which you are applying as provided in the job description as advertised and reviewed? or

YES NO

If YES; please explain: _____

STATEMENT OF AUTHORIZATION & UNDERSTANDING

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause of dismissal. Further, I understand and agree that my employment is at will and for no definite period and May, regardless of the day of payment of my wages and salary, be terminated at any time with or without cause unless otherwise agreed in writing.

 Signature Date

**NOTICE TO APPLICANT
 OPTIONAL AA / EEO INFORMATION**

Please assist the Borough of Roselle Park in complying with governmental Equal Employment Opportunity and Affirmative Action guidelines by checking the appropriate box below. Disclosure of this information to the Borough is voluntary and will be held in strict confidentiality.

<input type="checkbox"/>	African American
<input type="checkbox"/>	White (Non-Hispanic)
<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	Asian or Pacific Islander (Including Indian)
<input type="checkbox"/>	Native American



Borough of Roselle Park

IN THE COUNTY OF UNION

110 East Westfield Avenue

Roselle Park, New Jersey 07204-2083

AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Borough of Roselle Park. The Roselle Park Police Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history to be disclosed to the above department.

I hereby authorize any representative of the Roselle Park Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Roselle Park Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Roselle Park Police Department to consider in determining my suitability for employment with the Borough of Roselle Park. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws.

I hereby release you, as the custodian of such records of _____ including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon the request of the duly authorized representative of the Roselle Park Police Department regardless of any agreement I may have made with you previously to the contrary.

The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Borough of Roselle Park's acceptance and processing of my application for employment, I agree to hold _____, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Borough of Roselle Park. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Roselle Park Police Department in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of _____ from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Name of Applicant (Print)

Signature

Date

Current Address

Date of Birth

Social Security Number

Telephone Number

APPENDIX B

OFFER LETTER STATEMENT ON PRE-EMPLOYMENT TESTING

This offer of employment is conditioned upon completion of all pre-employment procedures, including satisfactory completion of a drug screening test.

Date

APPENDIX C

DRUG/ALCOHOL SCREENING TEST
APPLICANT CONSENT/AUTHORIZATION FORM

I, _____, understand that the medical examination I am about to receive includes tests for drugs and/or alcohol. I hereby consent to and authorize the medical examination and the tests for drugs and/or alcohol, which tests will be conducted by an independent testing establishment utilizing approved testing methods. I hereby further consent to and authorize the disclosure of the results of such tests as may be deemed reasonably necessary by the Borough to carry out the purposes of its Alcohol and Drug Abuse Policy.

I understand that if I decline to complete and sign this consent, the medical examination will not be completed, the Borough will be notified, and my employment will be rejected.

I further understand that if the results of the drug and/or alcohol test(s) is/are confirmed as positive, I will not be hired by the Borough.

I hereby [] consent to and authorize
[] refuse to consent to or authorize
the medical examination including the test(s) for drugs and/or alcohol.

Date: _____

Signed: _____

Time: _____

Witness: _____

Have you ever been arrested?

Yes No

If Yes: Date(s): _____

Explain: _____

Have you ever had an arrest, conviction or any proceeding related thereto expunged? N.J.S.A. 2C:52-27(c) **requires** that an applicant disclose the existence of an expunged record.

Yes No

If Yes: Dates(s): _____

Explain: _____

Have you ever been convicted of a criminal offense?

Yes No

(Conviction will not necessarily disqualify you from employment)

If Yes: Date(s): _____

Explain: _____

Are you charged with an unresolved criminal charge (ie, have you been charged with a crime that has not yet resulted in a plea of guilty, court trial, or a dropping of the charge)?

Note: A YES answer will not automatically disqualify you from employment.

Yes No

If Yes: Date(s): _____

Explain: _____

APPLICANT'S STATEMENT
(Please read carefully before signing)

I certify that the information contained in this application is correct to the best of my knowledge.

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

I acknowledge that false or misleading statements will be cause for rejection or dismissal after employment.

Signature of Applicant

Date

Criminal History Record Check

Applicant Information

Please Print:

NAME: _____
Last First Middle Maiden Name

ADDRESS: _____
Number Street

City State Zip

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

SEX: _____ RACE: _____ HEIGHT: _____ WEIGHT: _____

HAIR COLOR: _____

MARKS/SCARS/AMPUTATIONS: _____

HOME PHONE#: _____ WORK PHONE#: _____