



Pre-Employment Application

Date:	
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APPLICANT INFORMATION					
Full Name			Social Security # (Last 4 Numbers Only) XXX-XX-		
Current Address (Street, City, State, Zip)					
Home Telephone	Cell Telephone	E-Mail			
Are you legally eligible for employment in the United States? Yes No <i>(Proof of citizenship or authorization to work in the United States will be required upon hire.)</i>			Driver's License # (If Applicable)		State
Position(s) applying for:					
Were you previously employed by us? Yes No If yes, when?		If your application is considered favorably, on what date will you be available to start work?			
Do you have any special skills or qualifications which will be of benefit in the position for which you are applying?					

RECORD OF EDUCATION					
	Elementary School	High School	College/University	Other	
School Name					
Location					
Last Year Completed	5 6 7 8	9 10 11 12	1 2 3 4		
Did you graduate?	Yes	No	Yes	No	Yes No
Specify Degree or Certification Received					

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Township of Randolph

502 Millbrook Avenue

Randolph, NJ 07869-3799

Tel: 973.989.7100 • Fax: 973.989.7076

www.randolphnj.org

EMPLOYMENT HISTORY <i>(start with your current or most recent job)</i>	
EMPLOYER #1	Name of Company
	Address
	Job Title
	Employment Dates
	Work Performed
	Reason for Leaving
EMPLOYER #2	Name of Company
	Address
	Job Title
	Employment Dates
	Work Performed
	Reason for Leaving
EMPLOYER #3	Name of Company
	Address
	Job Title
	Employment Dates
	Work Performed
	Reason for Leaving

If there is a particular employer you do not wish us to contact, please indicate which one(s):

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PROFESSIONAL REFERENCES		
Name	Address	Telephone
1.		
2.		
3.		
4.		

Have you been convicted of a crime pursuant to N.J.S.A2C:51-2.d?

Yes

No

You are required to disclose if you are currently disqualified from public employment due to a criminal conviction for which N.J.S.A2C:51-2.d applies.

Applicant's Statement

I hereby authorize the Township of Randolph to contact, obtain and verify the accuracy of information contained in this application from all previous employers (except where I have indicated they may not be contacted), educational institutions and references. I also hereby release the Township of Randolph and its representatives from all liability for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that the Township of Randolph will conduct a background check. I also understand that employment is contingent upon passing a background check and the position may require me to pass a medical exam including drug testing. Failure of the background check and/or the medical exam will result in revocation of the offer of employment.

I certify that the facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on the application may result in my dismissal. I further understand that this application is not nor is it intended to be a contract of employment, nor does this application obligate the Township of Randolph in any way if the township decides to employ me. I understand and agree that my employment is at will and can be terminated by either party with or without notice, at any time, for any reason. No one other than the township manager has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by the township manager.

Do not sign until you have read the above statement.

Signature

Date