



**Joint Meeting of Essex and Union Counties**  
**500 South First Street- Elizabeth, NJ 07202**  
**908-353-1313**

**An Equal Opportunity  
Employer**

*Applicant remains active for a maximum of 60 days*

*Received \_\_\_\_\_*

## Application for Employment

All questions must be answered carefully and completely. If you have a resume, please attach it to this application. PLEASE TYPE OR PRINT.

Date \_\_\_\_\_ Position Desired \_\_\_\_\_

Salary Desired \_\_\_\_\_ Shift Desired \_\_\_\_\_

Available to Work     Full-time     Part-time    Date Available \_\_\_\_\_

### Personal Data

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

If you have ever worked under a different name, please provide this name(s) and dates employed under this name(s): \_\_\_\_\_

If yes, explain \_\_\_\_\_

Address \_\_\_\_\_

NUMBER & STREET

CITY

STATE

ZIP

Home Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

E Mail Address: \_\_\_\_\_

Are you:

- Yes     No    Legally eligible for employment in the United States?
- Yes     No    Over the age of 18?
- Yes     No    A previous applicant?
- Yes     No    A previous employee? If yes, when \_\_\_\_\_
- Yes     No    A licensed driver? If yes, issuing state and number \_\_\_\_\_
- Yes     No    A High school graduate or equivalency? Last high school attended \_\_\_\_\_
- Yes     No    Willing to accept work on a shift other than day shift?
- Yes     No    Willing and able to work weekends and holidays as may be required by the position?

### School/ Education (amount of education considered necessary will vary according to job applied for)

Institution Name	Location (City and State)	From	To	Graduate Yes /No	Degree	Major

**Prospective employees will receive consideration without discrimination because of race, creed, color, gender, age, national origin, handicap or veteran status**

**Work Experience** (Start with most recent position and list each employer for the past seven (7) years. Use supplemental page, if necessary).

Present/Last Employer			Type of Business
Address			Telephone Number
Start Date( month/year)	Leave Date (month/year)	Last Salary	Reason for Leaving
Job Title		Supervisor and Title	May we contact? Yes No
Description of Duties			
Employer			Type of Business
Address			Telephone Number
Start Date(month/year)	Leave Date(month/year)	Last Salary	Reason for Leaving
Job Title		Supervisor and Title	May we contact? Yes No
Description of Duties:			
Employer			Type of Business
Address			Telephone Number
Start Date(month/year)	Leave Date(month/year)	Last Salary	Reason for Leaving
Job Title		Supervisor and Title	May we contact? Yes No
Description of Duties			
Employer			Type of Business
Address			Telephone Number
Start Date (month/Year)	Leave Date (month/year)	Last Salary	Reason for Leaving
Job Title		Supervisor and Title	May we contact? Yes No
Description of Duties			

**Additional Skills or Experience**

List special skills you possess (include any special skills from U. S. military service) and specialized training, licenses or certificates you have received.

For secretarial or clerical positions, or if checked off , list the computer equipment and business machines you operate: \_\_\_\_\_

Did you serve in the US Military? Yes / No

U. S. Military: Branch of Service \_\_\_\_\_ Rank at Discharge \_\_\_\_\_ Dates of Service \_\_\_\_\_

**Membership in Professional or civic organizations**

(Exclude those which may disclose your race, color, religion or national origin, creed, sex, age or veteran status)

\_\_\_\_\_  
\_\_\_\_\_

**References**

Name	Full Address	Telephone
1 _____		
2 _____		
3 _____		

**Agreement (Please read the following statements carefully.)**

I certify that I have answered truthfully and have not knowingly withheld any information relative to any application materials. I understand that misrepresentation or material omission during the application process will result in my being eliminated from further consideration. I further understand, that if accepted for employment, any misrepresentation or material omission that becomes known to Joint Meeting of Essex and Union Counties may result in immediate termination of my employment.

I understand that any employment with Joint Meeting is for an indefinite term and can be terminated, with or without cause, at any time at the discretion of either Joint Meeting or myself. I understand that no management official other than the Executive Director has any authority to enter into any agreement contrary to the foregoing or to make any assurance or promise (whether oral or written) of continued employment. I understand that hours of work will be set and may be changed by Joint Meeting. I understand that upon being hired, I will have to prove authorization to work in the United States.

I understand that Joint Meeting reserves the right to require its applicants to satisfactorily pass a medical exams including drug tests. I understand that a positive drug test or refusal to submit to a drug test will preclude my application from further consideration.

Signed \_\_\_\_\_ Date \_\_\_\_\_