Karen Scheffler
Mayor
Borough Council
Kenneth Brahl
Michele Dobbs
Robert Bostock
David A. Dorworth
Howard W. Norcross
Carol Riener

Borough of PALMYRA
A Place To Grow
New Jersey

John Gural
Administrator
Barbara Sheipe
Municipal Clerk
Linda Lewis
Chief Financial Officer

Member of New Jersey State League of Municipalities

20 West Broad Street • Palmyra, New Jersey 08065
Ph: 856.829.6100 • Fx: 856.829.4096

APPLICATION FOR EMPLOYMENT

THE BOROUGH OF PALMYRA
IS AN EQUAL OPPORTUNITY EMPLOYER M/F

THE BOROUGH OF PALMYRA CONSIDERS APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, CREED, COLOR, NATIONAL ORIGIN, ANCESTRY, RELIGION, AGE, MARITAL STATUS, CIVIL UNION STATUS, DOMESTIC PARTNERSHIP STATUS, AFFECTIONAL OR SEXUAL ORIENTATION, GENETIC INFORMATION, SEX, GENDER IDENTITY OR EXPRESSION, DISABILITY (INCLUDING PERCEIVED DISABILITY, PHYSICAL, MENTAL, AND/OR INTELLECTUAL DISABILITIES, AIDS OR HIV INFECTION), POLITICAL AFFILIATION (TO THE EXTENT PROTECTED BY LAW), ATYPICAL HEREDITARY CELLULAR OR BLOOD TRAIT, OR BECAUSE OF THE LIABILITY FOR SERVICE IN THE ARMED FORCES OF THE UNITED STATES, VETERAN STATUS, CITIZENSHIP STATUS, OR ANY OTHER GROUP STATUS PROTECTED BY LAW.

The Americans with Disabilities Act of 1990 prohibits employers from discriminating against any qualified person on the basis of a disability. The Borough of Palmyra makes reasonable accommodations during all aspects of the application process. The Borough of Palmyra also makes reasonable accommodations in the work environment to enable a person with a disability to perform the essential functions of the job. The Borough of Palmyra, however, can only reasonably accommodate a disability of which it is aware. Therefore, it is the applicant's responsibility to inform the Borough of Palmyra that he or she needs a reasonable accommodation. The Borough of Palmyra may ask the applicant for documentation to support the request for a reasonable accommodation. Applicants who need a reasonable accommodation before the interview process begins should inform the Administrator.

A resume is not a substitute for completing this form in its entirety.

Application Date:_____
Position Applied For:_____
Date Available to Start:_____

I. PERSONAL INFORMATION

Full Name: _____
Last First Middle

_____ _____ _____ _____ _____
Street Address (Not P.O. Box) City State Zip Code County

_____ _____ _____ _____ _____
Mailing Address (If Different) City State Zip Code County

_____ _____
Telephone Number (Include Area Code) Cellular Telephone Number

_____ _____
Social Security Number E-Mail Address

Briefly describe the type of work desired: _____
_____
_____
_____

Indicate preferred work schedule:

☐ Full-time ☐ Part-time ☐ Temporary ☐ Seasonal
☐ Days ☐ Evenings ☐ Nights ☐ Any Shift ☐ Rotating Shift

Emergency Contact: _____

_____ _____ _____ _____ _____
Street Address City State Zip Code County

Are you eighteen years of age or older? (If under 18, you will be required to submit working papers if offered employment). ☐ Yes ☐ No

Are you legally eligible to work in the United States? (Proof of U.S. Citizenship or work authorization status will be required upon an offer of employment). ☐ Yes ☐ No

Have you ever worked for the Borough of Palmyra? ☐ Yes ☐ No
If yes, when: _____ Title: _____

Have you worked or been educated under a different name? ☐ Yes ☐ No
If yes, what name: _____

II. WORK EXPERIENCE

List below all organizations you have worked for, regardless of length of service. Include part-time as well as full-time employment and military experience. Record present or most recent employer first and continue in reverse chronological order. Do not omit any employer. If you need additional space, please continue of a separate sheet of paper.

_____

Name of Employer

_____

Address City State Zip

Telephone: _____ Type of Business:_____

From:_____To:_____ Title:_____

☐ Full-time ☐ Part-time If part-time, number of hours regularly worked per week:_____

Starting Wage/Salary: $_____ Ending Wage/Salary: $_____

Nature of work performed:_____

_____

_____

Reason for leaving:_____

_____

Name and Title of Supervisor:_____

Name and Title of Contact Person:_____

May we contact employer/supervisor? ☐ Yes ☐ No

_____

Name of Employer

_____

Address City State Zip

Telephone: _____ Type of Business:_____

From:_____To:_____ Title:_____

☐ Full-time ☐ Part-time If part-time, number of hours regularly worked per week:_____

Starting Wage/Salary: $_____ Ending Wage/Salary: $_____

Nature of work performed:_____

_____

_____

Reason for leaving:_____

_____

Name and Title of Supervisor:_____

Name and Title of Contact Person:_____

May we contact employer/supervisor? ☐ Yes ☐ No

Name of Employer

Address City State Zip

Telephone: Type of Business:

From: To: Title:

☐ Full-time ☐ Part-time If part-time, number of hours regularly worked per week:

Starting Wage/Salary: $ Ending Wage/Salary: $

Nature of work performed:

Reason for leaving:

Name and Title of Supervisor:

Name and Title of Contact Person:

May we contact employer/supervisor? ☐ Yes ☐ No

Name of Employer

Address City State Zip

Telephone: Type of Business:

From: To: Title:

☐ Full-time ☐ Part-time If part-time, number of hours regularly worked per week:

Starting Wage/Salary: $ Ending Wage/Salary: $

Nature of work performed:

Reason for leaving:

Name and Title of Supervisor:

Name and Title of Contact Person:

May we contact employer/supervisor? ☐ Yes ☐ No

Name of Employer

Address City State Zip

Telephone: Type of Business:

From: To: Title:

Starting Wage/Salary: $ Ending Wage/Salary: $

☐ Full-time ☐ Part-time If part-time, number of hours regularly worked per week:

Nature of work performed:_____

_____

_____

Reason for leaving:_____

_____

Name and Title of Supervisor:_____

Name and Title of Contact Person:_____

May we contact employer/supervisor? ☐ Yes ☐ No

_____

Name of Employer

_____

Address City State Zip

Telephone: _____ Type of Business:_____

From:_____To:_____ Title:_____

☐ Full-time ☐ Part-time If part-time, number of hours regularly worked per week:_____

Starting Wage/Salary: $_____ Ending Wage/Salary: $_____

Nature of work performed:_____

_____

_____

Reason for leaving:_____

_____

Name and Title of Supervisor:_____

Name and Title of Contact Person:_____

May we contact employer/supervisor? ☐ Yes ☐ No

III. EDUCATION

List below all schools attended beginning with middle school to the present. Attach additional sheets if necessary.

HIGH SCHOOL (last attended)

_____

School City State

Dates From _____ To _____ Highest Grade Completed: 9 10 11 12

COLLEGE OR UNIVERSITY

_____

School City State

Dates From _____ To _____ Number of Credits Completed_____

_____

School City State

Dates From _____ To _____ Number of Credits Completed_____

_____

School City State

Dates From _____ To _____ Number of Credits Completed_____

Name Degrees Received from Accredited Colleges/Universities:

_____

_____

Indicate Your Major Field for Each Degree:

_____

_____

_____

Indicate Your Minor Field (If Any):

_____

_____

BUSINESS SCHOOL OR OTHER TRAINING (include Military)

_____

School City State

Dates From _____ To _____ Program:_____

_____

School City State

Dates From _____ To _____ Program:_____

CERTIFICATIONS

_____

Sponsor City State

Dates From _____ To _____ Certification:_____

_____

Sponsor City State

Dates From _____ To _____ Certification:_____

Are you taking any course of study now? ☐ Yes ☐ No
If yes, provide details:_____
_____
_____ Date to be completed:_____

IV. CRIMINAL HISTORY

Other than minor traffic violations, have you ever been convicted of a criminal offense that has not been expunged or sealed by court order? ☐ Yes ☐ No

Note: A conviction does not automatically mean that you will not be selected. The crime you were convicted of and how long ago you were convicted are important. If you answered yes, please provide the information requested below for each conviction so that the Borough of Palmyra may make an informed decision.

Date of Conviction: _____
Violation: _____
Specific Statutory Code Violated: _____
Location: _____
Court Disposition: _____
Police Agency Concerned: _____
Description of Incident: _____
_____
_____
_____

V. PERSONAL REFERENCES

List individuals who have knowledge of your character, experience, and ability. DO NOT LIST RELATIVES OR FORMER EMPLOYERS.

Name:_____
_____
Address City State Zip
Telephone:_____ Position:_____
Years Known:_____

Name:_____
_____
Address City State Zip
Telephone:_____ Position:_____
Years Known:_____

Name:_____

_____

Address City State Zip

Telephone:_____ Position:_____

Years Known:_____

VI. DRIVER'S LICENSE

Complete this section if driving is an essential part of the job for which you are applying.

Do you have a valid driver's license? ☐ Yes ☐ No

State of Issuance:_____ License Number:_____

Please sign to indicate your authorization for the Borough of Palmyra to perform a record check of your driver's license, upon an offer of employment by the Borough of Palmyra.

_____

Complete this section if the job for which you are applying requires that you possess a Commercial Driver's License:

Do you have a valid Commercial Driver's License? ☐ Yes ☐ No

Commercial Driver's License Number:_____

Have you tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? ☐ Yes ☐ No

Please sign on the line below to indicate your authorization for the Borough of Palmyra to perform a record check of your Commercial Driver's License, upon an offer of employment by the Borough.

Signature of Applicant:_____ Date:_____

VII. PERSONAL STATEMENT

In the space provided, please provide a statement about your qualifications or employment objectives not covered elsewhere in this application. Include community activities, hobbies and special skills. (Exclude those that indicate race, religion, sex, age, national origin or other protected group status).

_____

_____

_____

Applicant's Statement

I certify that the answers provided in this application are true and complete 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 release former employers and others from any liability that might arise from the disclosure of information.

I understand and acknowledge that, unless otherwise provided by law or applicable collective bargaining agreement, any employment relationship with the Borough of Palmyra is "at will," which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause.

I understand that the discovery of any misrepresentation or omission of fact in this application will result in the rejection of my employment application, or in the event of employment, provide cause for termination of employment. I understand that any offer of employment may be subject to job-related medical, physical, or psychological tests. I also understand that some positions may involve complete background and criminal checks. For your application to be considered, you must sign below:

Signature of Applicant:_____ Date:_____

Please do not write below this line.

THIS SECTION IS FOR PERSONNEL USE ONLY.

JOB APPLICANT IDENTIFICATION RECORD

The Borough of Palmyra maintains a strong policy of equal employment for all employees and applicants for employment. The Borough hires, trains, promotes and compensates employees on the basis of personal competence and potential for advancement without regard to race, creed, color, national origin, ancestry, religion, age, marital status, civil union status, domestic partnership status, affectional or sexual orientation, familial status, genetic information, sex, gender identity or expression, disability (including perceived disability, physical, mental, and/or intellectual disabilities), atypical hereditary cellular or blood trait, or because of the liability for service in the armed forces of the united states, veteran status, citizenship status, or any other group status protected by law.

Applicants are requested, but not required, to complete this form. The data you provide will be used solely for statistical purposes to help the Borough of Palmyra comply with Federal and State equal opportunity record keeping, reporting and other legal requirements. Your voluntary cooperation is appreciated. **The following information will be kept separate from your application.**

APPLICANT INFORMATION

Applicant Name: _____

Date of Application: _____

Position Applied For: _____

RECRUITMENT SURVEY

We are interested in how you first found out about this job opportunity. Please indicate below the resources you used. This information is not part of the applicant evaluation procedure and is primarily used to help us plan future recruitments.

☐ Borough of Palmyra Website

☐ School: _____

☐ Other Website: _____

☐ Referred By: _____

☐ Newspaper: _____

☐ Employment Agency

☐ Advertisement

☐ Other: _____

SEX CLASSIFICATION

☐ Male ☐ Female

JOB APPLICANT IDENTIFICATION RECORD (cont'd)

ETHNIC CLASSIFICATION (Please check one)

- ❑ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- ❑ **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ❑ **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- ❑ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ❑ **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ❑ **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- ❑ **Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

OTHER PROTECTED GROUPS:

- ❑ Individual with a disability
- ❑ Vietnam-era veteran (served between 1964 and 1975)
- ❑ Disabled Veteran

For Borough Use Only

Hired: ❑ Yes ❑ No Position_____ Date: _____

Which EEO job classification best describes the position for which the applicant applied:

__ Officials and Managers	__ Sales workers	__ Operators (semi-skilled)
__ Professionals	__ Office and clerical workers	__ Laborers (unskilled)
__ Technicians	__ Craft workers (skilled)	__ Service workers

Borough Official _____ Date: _____

BOROUGH OF PALMYRA
AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant/Employee's Name:_____

Current Address: _____

Telephone Number: _____

Date of Birth: _____/_____/_____

Date: _____/_____/_____ Authorized Signature: _____

To Whom It May Concern: I am an applicant for a position, or an employee, with the Borough of Palmyra. The Borough of Palmyra needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied and/or obtained. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Borough of Palmyra.

I hereby authorize any representative of the Borough of Palmyra bearing this release, to obtain any information in your files pertaining to my employment records and I direct you to release such information upon request of the bearer. I 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 Borough of Palmyra, whether the records are public, private, or of a confidential nature. The intent of this authorization is to give my consent for full disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background investigation that may provide pertinent data for the Borough of Palmyra to consider in determining my suitability for employment in the Borough. It is my specific intent to provide access to personnel 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, and 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 investigation files, efficiency ratings, complaints or grievances filed by or against me, 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 _____ _____, 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 to employ me. I understand that should information of a criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

A photocopy or facsimile copy of this release form has the same force and effect as an original even though the photocopy or facsimile copy does not contain my original signature.

This waiver shall be valid until such time the employment screening process has been completed or throughout the duration of my employment with the Borough of Palmyra, whichever is longer.

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

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

_____ _____

Signature of Applicant/Employee Date

APPLICANT RELATIVE DISCLOSURE FORM

Name of Applicant: _____

The Borough of Palmyra prohibits the hiring of relatives if the employment of such an individual would result in the creation of a prohibited employment relationship. A prohibited relationship is created when:

1. One relative would have the authority to directly supervise, appoint, remove, discipline, evaluate or otherwise affect the work or employment of another relative.
2. The relative would be responsible for auditing the work of the other.
3. Other circumstances exist which would place the relatives in a situation of actual or reasonably foreseeable conflict between the Borough's interest and their own.

Relative includes spouse, civil union partner, domestic partnership partner, parent, step-parent, child, step-child, sibling, step sibling, half-sibling, father-in-law, mother-in-law, sister-in-law, brother-in-law, grandparent, grandchild, aunt, uncle, niece, nephew, and cousins.

Do any of your relatives currently work for the Borough or are any of your relatives an elected or appointed Borough official? ❑ Yes ❑ No

If you answered "yes" to the previous question, please disclose the name(s) of your relative(s) who work(s) for the Borough, his or her title, and his or her relationship to you.

Relative #1
Name: _____
Title: _____
Relationship: _____

Relative #2
Name: _____
Title: _____
Relationship: _____

Note: An applicant's failure to fully disclose his or her relationship to a Borough employee or elected or appointed official may result in rejection of the employment application or, if employed, the termination of employment.

I acknowledge that I have read and understand the above Disclosure Form and that I have disclosed all relatives who work for the Borough or serve as elected or appointed officials.

_____ _____
Signature of Applicant Date

BOROUGH OF PALMYRA
AUTHORIZATION FOR RELEASE OF CDL ALCOHOL AND CONTROLLED SUBSTANCES TEST RESULTS

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name:_____

Employee ID Number:_____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employer of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature:_____ Date:_____

I-A.

New Employer Name:_____
Address:_____
_____
Phone: _____
Designated Employer Representative (if known):_____

I-B.

Previous Employer Name:_____
Address:_____
_____
Phone: _____
Designated Employer Representative (if known):_____

BOROUGH OF PALMYRA
AUTHORIZATION FOR RELEASE OF CDL ALCOHOL AND CONTROLLED SUBSTANCES TEST RESULTS (cont'd)

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing:

1. Did the employee have alcohol tests with a result of 0.04 or higher? ❑ Yes ❑ No
2. Did the employee have (a) verified positive drug test(s)? ❑ Yes ❑ No
3. Did the employee refuse to be tested (including verified adulterated or substituted drug test results)? ❑ Yes ❑ No
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? ❑ Yes ❑ No
5. Did a previous employer report a drug and alcohol rule violation to you? ❑ Yes ❑ No
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? ❑ N/A ❑ Yes ❑ No

II-B.

Name of person providing information in Section II-A: _____
Title: _____
Phone Number: _____
Date: _____