



# MINE HILL TOWNSHIP

Municipal Building ~ 10 Baker Street ~ Mine Hill, New Jersey 07803

CFO/Human Resources  
Katelyn Wild

Tel: 973-366-9031 ext. 6  
Email: KWild@MineHill.com

## EMPLOYMENT APPLICATION

*\*Please be advised that background checks will be conducted.*

Position(s) applied for: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City/State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you over the age of 18? Yes No If No, can you provide proof of eligibility to work? Yes No

Are you a citizen of the United States? Yes No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status?  
Yes No (Proof of citizenship or immigration status will be required upon employment)

Have you ever filed an application with the Township before? Yes No If Yes, when? \_\_\_\_\_

Have you ever been bonded? Yes No If Yes, at what jobs? \_\_\_\_\_

Have you ever been employed by the Township before? Yes No If Yes, when? \_\_\_\_\_

Are you currently employed? Yes No If Yes, may we contact your employer? Yes No

On what date would you be available to begin work? \_\_\_\_\_

What type of work are you available for? Full Time Part Time Shift Temp

Are you currently on layoff status? Yes No If Yes, are you subject to recall? Yes No

What method of transportation will you use to get to work? \_\_\_\_\_

Can you travel if your job requires it? Yes No



EMPLOYMENT APPLICATION (con't)

Please list at least three (3) Personal References (Do Not list former employers or relatives)

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City/State Zip

Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

---

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City/State Zip

Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

---

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City/State Zip

Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

---

Please list any Professional, Business or Civic Activities (include certifications and professional designations):

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

*You may exclude membership(s) which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

---

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18 years of age, Signature of Parent/Guardian: \_\_\_\_\_

---

FOR TOWNSHIP USE ONLY

Application Received by: \_\_\_\_\_ Date: \_\_\_\_\_