



MINE HILL TOWNSHIP

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

CFO/Human Resources
Katelyn Wild

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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: _____