

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 chec	ks will be conduct	red.			
Position(s) applied for:					
Name:					
Last	First		Middle	;	
Address: Street	City/Si	roto	7in		
Sueet	City/S	ale	Zip		
Home Phone:	Cell Pl	none:			
Email Address:					
Are you over the age of 18? Yes N	lo If No, can you	r provide proof of el	ligibility to work?	Yes	No
Are you a citizen of the United States?	Yes	No			
Are you prevented from lawfully becoming Yes No (Proof of	· .	is Country because on migration status wi	_		
Have you ever filed an application with the	he Township before	re? Yes No	If Yes, when?		
Have you ever been bonded? You	es No	If Yes, at what jobs	?		
Have you ever been employed by the Tov	wnship before?	Yes No	If Yes, when?		
Are you currently employed? Yes	No If Yes,	may we contact you	ar employer?	Yes	No
On what date would you be available to b	egin work?				
What type of work are you available for?	Full Time	Part Time	Shift		Temp
Are you currently on layoff status? Ye	es No	If Yes, are you subj	ect to recall?	Yes	No
What method of transportation will you u	se to get to work?				
Can you travel if your job requires it?	Yes	No			

EMPLOYMENT APPLICATION (con't)

Have you ever been convicted of a crime, excluding misdemeanors and summary of offences? Yes N				
If Yes, please describe in full:				
List any friends or relatives currently or pr	eviously employed by the Townshi	p:		
Name of Most Recent Employer:				
Address: Street	City/State	Zip		
Job Title:				
Date Started:	Date Ended:			
Annual Salary or Hourly Wage:				
Reason for Leaving:				
Name of Previous Employer:				
Address: Street	City/State	Zip		
Job Title:				
Date Started:				
Annual Salary or Hourly Wage:				
Reason for Leaving:				

If you wish to list additional employers, please attach a separate sheet of paper.

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, Busin	ness or Civic Activities (include certification	ns and professional designations):
You may exclude membership(.	s) which would reveal gender, race, religion disability or other protected status.	n, national origin, age, ancestry,
Signature of Applicant:		Date:
If under 18 years of age, Signature	e of Parent/Guardian:	
	FOR TOWNSHIP USE ONLY	
Application Received by:		Date:
	Gacebook at www.Facebook.com/MineHillTownshinNew	