



Application For Employment

CITY OF CLIFTON
900 Clifton Avenue, Clifton NJ 07013

Hand written
applications will
not be accepted.

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CITY OF CLIFTON
900 Clifton Avenue, Clifton NJ 07013

Equal Opportunity Employer: It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40), sex, marital status, or physical disability, except where a reasonable bona fide occupational qualification exists.

Position Applied For: _____ Date of Application: ____/____/____

Name: _____
LAST FIRST MIDDLE

Address: _____
STREET CITY STATE ZIP

Telephone #: _____ Social Security # _____

In Case of Emergency: _____ Phone: _____
NAME

Type of Employment Desired: Full Time Part Time Temporary Seasonal Educational Co-op

Are you available to meet the attendance requirements of the job? Yes No

Date Available For Work: _____ Desired Salary? _____ Per Hr. _____ Per Week

Were you previously employed by the City of Clifton? Yes No

If you are under 18, and it is required, can you furnish a work permit? Yes No

If no, please explain _____

Are you legally eligible for employment in this country? Yes No

Position Title: _____ Application # _____ Sheet # _____

EMPLOYMENT HISTORY

Provide the following information of your past and current employers, assignments, or volunteer activities, starting with most recent (use additional sheet if necessary). Explain any gaps in employment in comments section below.

EMPLOYER:	TELEPHONE:	DATE EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS:				
STARTING JOB TITLE / FINAL JOB TITLE:		HOURLY SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE:		\$	PER:	
REASON FOR LEAVING:		HOURLY SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LATER	\$ PER:

EMPLOYER:	TELEPHONE:	DATE EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS:				
STARTING JOB TITLE / FINAL JOB TITLE:		HOURLY SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE:		\$	PER:	
REASON FOR LEAVING:		HOURLY SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LATER	\$ PER:

EMPLOYER:	TELEPHONE:	DATE EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
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		STARTING		
IMMEDIATE SUPERVISOR AND TITLE:		\$	PER:	
REASON FOR LEAVING:		HOURLY SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LATER	\$ PER:

Comments include explanation in any gaps in employment: _____

EDUCATIONAL BACKGROUND

NAME AND LOCATION	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
HIGH SCHOOL:				
COLLEGE:		MAJOR	DEGREE	
OTHER:				

REFERENCES

List names and telephone numbers of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	NUMBER OF YEARS KNOWN

ADDITIONAL INFORMATION

List professional, trade, business or civic associations and any offices held.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status

COURSE OF STUDY	OFFICE HELD

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status

Have you ever had any job related to training in the U.S. military? Yes No

Can you perform the essential functions of the job without reasonable accommodation? Yes No

If the answer is no, please explain _____

Special Skills and Qualifications

Summarize special job related skills and qualifications acquired from employment or other experience: _____

Do you have a valid Driver’s License in New Jersey? Yes No

If Driver’s License is required for this position, list License No: _____

List any moving violations during the last five years and qualifying statements you can make: _____

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job related functions in the position for which you are applying.

APPLICATION STATEMENT

I certify that all information I provided in order to apply for and secure work with the City of Clifton is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the City of Clifton’s service whenever it is discovered.

I expressly authorize, without reservation, the City of Clifton, its representatives, employees or agents to contact and obtain information for all references (personal and professional) employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the City of Clifton, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the City of Clifton does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant for consideration for employment on the basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only one (1) year. At the conclusion of that time, if I have not heard from the City of Clifton and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the City of Clifton reserves the same right to terminate my employment at any time, with or without notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the City of Clifton is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the City of Clifton City Manager.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form for this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: _____ **Date:** ____ / ____ / ____

Department of Public Works Driver’s License certification:

I understand that a CDL is mandatory to my employment. As such, I understand that failure to maintain a CDL can be grounds for my dismissal.

Signature of Applicant: _____ **Date:** ____ / ____ / ____

CITY OF CLIFTON



POSITION: _____

APPLICANT# _____

SHEET# _____

Application Data Record

Name: _____

Address of Residence: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Social Security# _____

Position: _____

The City of Clifton advertises for all employment opportunities. Please check off the appropriate category, as to how you learned the City of Clifton was accepting applications.

Newspaper Publication (Check one)

Star Ledger

Herald News

The Record

Public Service Announcement (Check one)

Internet

Relative

Walk-in

Other

Ethnic or National Origin (Check one)

White

Black

Hispanic

American Indian / Alaskan Native

Asian / Pacific Islander

Other

Signature: _____ Date: ____ / ____ / ____

** This form is used for informational purposes only and will not be used in the hiring and selection process **

The City of Clifton is an Equal Opportunity Employer