

APPLICATION FOR EMPLOYMENT  
CITY OF TRENTON



An Equal Opportunity Employer

We do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, or handicap. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

PLEASE PRINT (except for signatures) **RECREATION**

Specify Job or Type of Work Applied for: \_\_\_\_\_ Today's Date \_\_\_\_\_

PERSONAL DATA

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Are you a citizen of the United States or do you have a valid work permit? (Check One) Yes \_\_\_ No \_\_\_

Have you ever applied for employment with the City? Yes \_\_\_ No \_\_\_; If yes: Month & Year \_\_\_\_\_ Location \_\_\_\_\_

GENERAL

Have you ever worked for the City of Trenton? (Check one) Yes \_\_\_ No \_\_\_ If yes, list title and dates below: \_\_\_\_\_

Are you presently employed? (Check one) Yes \_\_\_ No \_\_\_

Do you have a valid driver's license? (Check one) Yes \_\_\_ No \_\_\_ Do you have a valid CDL? (Check one) Yes \_\_\_ No \_\_\_

EDUCATION

High School \_\_\_\_\_ Location \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_

Did you graduate? Yes \_\_\_ No \_\_\_ Year \_\_\_\_\_

College \_\_\_\_\_ Location \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_

Did you graduate? Yes \_\_\_ No \_\_\_ Year \_\_\_\_\_

WORK HISTORY

1. Name of Most Recent Employer \_\_\_\_\_ Location \_\_\_\_\_  
City State Zip

Telephone \_\_\_\_\_ Job Title \_\_\_\_\_ Job Duties \_\_\_\_\_

Dates of Employment \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ MAY WE CONTACT? Yes \_\_\_ No \_\_\_

2. Name of Most Recent Employer \_\_\_\_\_ Location \_\_\_\_\_  
City State Zip  
Telephone \_\_\_\_\_ Job Title \_\_\_\_\_ Job Duties \_\_\_\_\_  
\_\_\_\_\_  
Dates of Employment \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ MAY WE CONTACT? Yes \_\_\_ No \_\_\_

3. Name of Most Recent Employer \_\_\_\_\_ Location \_\_\_\_\_  
City State Zip  
Telephone \_\_\_\_\_ Job Title \_\_\_\_\_ Job Duties \_\_\_\_\_  
\_\_\_\_\_  
Dates of Employment \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ MAY WE CONTACT? Yes \_\_\_ No \_\_\_

OTHER TRAINING AND/OR SPECIAL SKILLS (Including Volunteer Experience)

Languages other than English that you speak frequently \_\_\_\_\_

Equipment which you can operate \_\_\_\_\_

Can you type? Yes \_\_\_ No \_\_\_ If yes, how many words per minute \_\_\_\_\_

Do you have computer skills and experience? Yes \_\_\_ No \_\_\_ If yes, explain in detail (specific knowledge & experience with equipment and program software) \_\_\_\_\_

Other clerical skills/ experience including filing, answering telephones, bookkeeping, equipment repair, etc. \_\_\_\_\_

MILITARY

Did you serve in the U.S. Armed Forces? Yes \_\_\_ No \_\_\_ If yes, (branch) \_\_\_\_\_ Describe any training received relevant to the position for which you are applying \_\_\_\_\_

REFERENCES

Give three professional references.

Name Address Phone Occupation

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

EMERGENCY CONTACT INFORMATION

Last Name First Name Middle Name Telephone

Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Relationship \_\_\_\_\_

RESIDENCY

The City of Trenton is committed to filling City jobs with qualified City residents. By Ordinance (94-53), persons hired to fill City jobs must have a permanent residence within the City of Trenton. I understand that if I accept an offer of employment with the City, I will be required to complete a Certificate of Residency, legally confirming my bona fide City residence.

\_\_\_\_\_  
Signature of Applicant as Acknowledgement

\_\_\_\_\_  
Date

PRE-EMPLOYMENT DRUG SCREENING ACKNOWLEDGMENT

I understand that my employment with the City of Trenton is conditioned upon my successfully completing a test (negative result) for the presence of illegal drugs and/or the presence of alcohol as prescribed by the City. Any offer of employment with the City of Trenton that has been made prior to the pre-employment drug screening will be withdrawn if I test positive for illegal drugs and/or alcohol.

\_\_\_\_\_  
Signature of Applicant as Acknowledgement

\_\_\_\_\_  
Date

INFORMATION RELEASE AUTHORIZATION

I do hereby authorize representatives of the City of Trenton, State of New Jersey, to obtain any and all information of a private and confidential nature concerning arrest records, criminal history summaries, warrant information, driver license information and any other information relative to my background, that has been recorded or otherwise; and do hereby release the City of Trenton, and all other individuals connected therewith, from all liability, for any damage whatsoever incurred in furnishing such information.

\_\_\_\_\_  
Signature of Applicant as Acknowledgement

\_\_\_\_\_  
Date

AFFIDAVIT

I certify that the information given by me on this Application is true and correct without consequential omissions of any kind whatsoever. If I am appointed on the basis of any incorrect statements or misleading information that I have supplied above, I will be subject to removal.

\_\_\_\_\_  
Signature of Applicant as Acknowledgement

\_\_\_\_\_  
Date

**THIS APPLICATION IS NOT AN OFFER OF EMPLOYMENT**

**Revised June 2015**