

**CITY OF JERSEY CITY
AN EQUAL OPPORTUNITY EMPLOYER**

The City of Jersey City is an "Equal Employment Opportunity" Employer. It expressly prohibits any form of discrimination, including unlawful and prohibited harassment, based upon race, creed, color, natural origin, ancestry, sex or gender identity, or a typical hereditary cellular or blood trail, religion, age, handicap or disability (to the extent covered by New Jersey or federal statutes), marital status, sexual orientation, genetic test to the City, political activities or political affiliations, except provided by law, or any other status or condition protected by applicable law (collectively referred to as "Protected Characteristics"), including but not limited to the New Jersey Law Against Discrimination (N.J.S.A. 10:5-1, et seq.), as well as in Title VII of the Civil Rights Act of 1964, the Civil Rights Act of 1991, the Age Discrimination in Employment Act, the Americans with Disabilities Act (as amended), and the New Jersey Civil Service Act.

Please print all information

Last Name	First Name	Middle name	Social Security No.
Address	City	State	Zip Code
Permanent Address (If different than above)			Age - Are you 18 or over? Yes No
Position Desired	U.S. Citizen? Yes No	If not, are you in the U.S. on a Visa that prohibits you from working? Yes No	

EDUCATION - Circle highest grade completed in each category.

	Day/Evening	Name of Institution	City, State	Last year attended	Course or degree
Sr. High School					
College/University					
Business School					
Graduate School					
Other					

Military Record	Branch	Specialty/Training	Honorably Discharged? Yes No	Dates of service From _____ To _____
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Do you have a valid driver's license? Yes No If so, in which state? _____

Are you available for employment now? _____; If not, when? _____ Shift preference _____

List relevant licenses, certificates, registrations or memberships you hold:

Have you ever been employed by the City of Jersey City: _____ If so, when? _____

Have you ever worked or been educated under a different name? _____

If yes, give name used: _____

Personal References

Do not give relatives or former employers as references

Name	Address	Occupation	Telephone No.

List all past employment. – Begin with present position and work back. (Attach additional sheets if necessary.)

From	To	Job Title	Supervisor's Name	Salary or wage
Mo./Yr	Mo./Yr			Start \$ Per
				Final \$ Per
Employer's Name and Address		Reason for Leaving:		
		Full Time _____ Part Time _____	If part time, give number of hours worked per week.	
Description of Duties				
From	To	Job Title	Supervisor's Name	Salary or wage
Mo./Yr	Mo./Yr			Start \$ Per
				Final \$ Per
Employer's Name and Address		Reason for Leaving:		
		Full Time _____ Part Time _____	If part time, give number of hours worked per week.	
Description of Duties				
From	To	Job Title	Supervisor's Name	Salary or wage
Mo./Yr	Mo./Yr			Start \$ Per
				Final \$ Per
Employer's Name and Address		Reason for Leaving:		
		Full Time _____ Part Time _____	If part time, give number of hours worked per week.	
Description of Duties				

May we contact your present employer before you leave that employment? Yes _____ No _____

Name and address of person to notify in case of emergency:

Relationship: _____ Telephone : _____

I certify that the information on this application is complete and accurate to the best of my knowledge. I understand that any misleading or incorrect information may render this application void and be just cause for immediate dismissal if employed. I also understand any and all statements made by

me on this application will be investigated and you have my permission to do so.

Name: _____ Date: _____

Please note: Employment is contingent upon successful completion of a physical examination by our doctor, at our expense, and careful investigation of your record and references.