



APPLICATION FOR EMPLOYMENT

Administration Building: 15 Mountain Blvd, Watchung, NJ 07069 Fax: 908-757-7027

Application Date: _____

Name: _____

Position Applied For: _____

Department: _____

The Borough of Watchung considers applicants for all positions without regard to race, creed, color, religion, sex, pregnancy, national origin, age, marital or veteran status, disability, affectional or sexual orientation, gender identity or expression, civil union status, domestic partnership status or any other legally protected status.

The Americans with Disabilities Act of 1990 prohibits employers from discriminating against any qualified person on the basis of a disability. The Borough of Watchung makes reasonable accommodations during all aspects of the application process. The Borough also makes reasonable accommodations in the work environment to enable a person with a disability to perform the essential functions of the job. The Borough, however, can only reasonably accommodate a disability of which it is aware. Therefore, it is the applicant's responsibility to inform the Borough that he or she needs a reasonable accommodation. The Borough may ask the applicant for documentation to support the request for a reasonable accommodation. Applicants who need a reasonable accommodation before the interview process begins should inform the personnel office.

A RESUME IS NOT A SUBSTITUTE FOR COMPLETING THIS FORM IN ITS ENTIRETY

All information will be verified and all references will be checked. Information will be kept confidential to the extent permitted by law.

DO NOT WRITE IN THIS BOX

RECOMMEND FOR EMPLOYMENT: Yes No IF NO, HOLD FOR FUTURE USE? Yes No

IF YES, START DATE: _____

SIGNATURE: _____ DATE: _____

I. PERSONAL

LAST NAME	FIRST	MIDDLE
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PRESENT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)	TELEPHONE NUMBER
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PERMANENT ADDRESS (IF DIFFERENT FROM PRESENT)	TELEPHONE NUMBER
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ARE YOU 18 YEARS OF AGE OR OLDER? (If no, you will be required to show proof of eligibility to work) Yes No

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? (Proof of US citizenship or work authorization status will be required upon employment) Yes No

NAMES OF RELATIVES OR FRIENDS EMPLOYED BY THE BOROUGH OF WATCHUNG (All candidates must complete applicant relative disclosure form):

HAVE YOU EVER BEEN EMPLOYED BY THE BOROUGH OF WATCHUNG? IF YES, WHEN? Yes No

HAVE YOU EVER APPLIED FOR A POSITION WITH THE BOROUGH OF WATCHUNG? IF YES, WHEN? Yes No

HAVE YOU EVER WORKED OR BEEN EDUCATED UNDER A DIFFERENT NAME? Yes No

IF YES, SPECIFY NAME:

II. POSITION AND PERSONAL INTERESTS

TITLE OF POSITION APPLIED FOR	\$ PER SALARY DESIRED
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ARE YOU EMPLOYED NOW? Yes No DATE AVAILABLE TO START WORK HOW WERE YOU REFERRED TO US?

III. EDUCATION AND TRAINING

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
HIGH SCHOOL OR EQUIVALENT			9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
TECHNICAL OR COMMERCIAL			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER (SPECIFY)			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ARE YOU TAKING ANY COURSE OF STUDY NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE DETAILS:				DATE TO BE COMPLETED:	
LIST ANY SCHOLASTIC HONORS, HONORARY SOCIETIES, FELLOWSHIPS AND SCHOLARSHIPS:					
DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS OR EXTRA-CURRICULAR ACTIVITIES (i.e. EMT or fire fighting training and participation, etc.) Exclude those that indicate race, religion, sex, age, national origin or other protected classification:					
IF YOU HAVE EMT OR FIRE FIGHTING CERTIFICATION, WOULD YOU BE WILLING TO VOLUNTEER FOR THE BOROUGH DURING YOUR WORKDAY?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
WHAT COMPUTER SKILLS DO YOU HAVE? (IF APPLICABLE)					

IV. EMPLOYMENT HISTORY

PLEASE ACCOUNT FOR ALL PERIODS OF EMPLOYMENT REGARDLESS OF LENGTH OF SERVICE, INCLUDING U.S. ARMED FORCES EXPERIENCE AND SELF-EMPLOYMENT. LIST YOUR PRESENT OR LAST EMPLOYER FIRST. DO NOT OMIT ANY EMPLOYER. IF MORE SPACE IS DESIRED, PLEASE USE AN ADDITIONAL APPLICATION FOR A COPY OF THIS PAGE.

NAME OF EMPLOYER	ADDRESS OF EMPLOYER	DATES EMPLOYED FROM / TO MONTH YEAR MONTH YEAR
STARTING WAGE/SALARY: \$	ENDING WAGE/SALARY: \$	FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> IF PART-TIME, NUMBER OF HOURS PER WEEK:
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE	DEPARTMENT
YOUR POSITION OR TITLE:		REASON FOR LEAVING:
MAY WE CONTACT EMPLOYER? NOW [] AT A LATER DATE [] NOT AT ALL []		

NAME OF EMPLOYER	ADDRESS OF EMPLOYER	DATES EMPLOYED FROM / TO MONTH YEAR MONTH YEAR
STARTING WAGE/SALARY: \$	ENDING WAGE/SALARY: \$	FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> IF PART-TIME, NUMBER OF HOURS PER WEEK:
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE	DEPARTMENT
YOUR POSITION OR TITLE:		REASON FOR LEAVING:
MAY WE CONTACT EMPLOYER? NOW [] AT A LATER DATE [] NOT AT ALL []		

NAME OF EMPLOYER	ADDRESS OF EMPLOYER	DATES EMPLOYED FROM / TO MONTH YEAR MONTH YEAR
STARTING WAGE/SALARY: \$	ENDING WAGE/SALARY: \$	FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> IF PART-TIME, NUMBER OF HOURS PER WEEK:
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE	DEPARTMENT
YOUR POSITION OR TITLE:		REASON FOR LEAVING:
MAY WE CONTACT EMPLOYER? NOW [] AT A LATER DATE [] NOT AT ALL []		

NAME OF EMPLOYER	ADDRESS OF EMPLOYER	DATES EMPLOYED FROM / TO MONTH YEAR MONTH YEAR
STARTING WAGE/SALARY: \$	ENDING WAGE/SALARY: \$	FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> IF PART-TIME, NUMBER OF HOURS PER WEEK:
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE	DEPARTMENT
YOUR POSITION OR TITLE:		REASON FOR LEAVING:
MAY WE CONTACT EMPLOYER? NOW [] AT A LATER DATE [] NOT AT ALL []		

IV. EMPLOYMENT HISTORY (cont'd)

NAME OF EMPLOYER	ADDRESS OF EMPLOYER	DATES EMPLOYED FROM / / MONTH YEAR MONTH YEAR TO / / MONTH YEAR
STARTING WAGE/SALARY: \$	ENDING WAGE/SALARY: \$	FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> IF PART-TIME, NUMBER OF HOURS PER WEEK:
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE	DEPARTMENT
YOUR POSITION OR TITLE:		REASON FOR LEAVING:
MAY WE CONTACT EMPLOYER? NOW [] AT A LATER DATE [] NOT AT ALL []		

V. OUTSIDE ORGANIZATIONS

ARE YOU ENGAGED IN ANY BUSINESS ACTIVITY OR EMPLOYMENT (INCLUDING SELF-EMPLOYMENT) WHICH YOU PLAN TO CONTINUE IF YOU ARE EMPLOYED BY THE BOROUGH? (If yes, your outside employment will be subject to review regarding conflicts of interest).

YES NO IF YES, PLEASE EXPLAIN

ARE YOU A MEMBER OF ANY BUSINESS, PROFESSIONAL OR SCIENTIFIC ASSOCIATIONS? Exclude those that indicate race, religion, sex, age, national origin or other protected classification.

DESCRIBE ANY OTHER EXPERIENCE THAT MIGHT BE HELPFUL IN CONSIDERING YOUR APPLICATION. (Other work experience, internships, school activity, apprenticeships, etc.)

VI. REFERENCES

PROVIDE THREE (3) PERSONS, EXCLUDING RELATIVES, NOT PREVIOUSLY MENTIONED WHO ARE MOST FAMILIAR WITH YOUR WORK, ABILITY AND TRAINING.

NAME	RELATIONSHIP	POSITION	ADDRESS	TELEPHONE

VII. ESSENTIAL FUNCTIONS

Do not answer this question without first reviewing the Job Description

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB, WITH OR WITHOUT REASONABLE ACCOMODATION? Yes No

X. APPLICANT'S STATEMENT

I certify that the information on this application is true, complete and accurate, to the best of my knowledge. I authorize my former employers to release any information they may have concerning my employment record and I release the Borough of Watchung and all previous employers from all liability that might arise from the disclosure of information. I authorize investigation of all statements contained in this application, including education, and a review of all criminal history, military and disciplinary records of any source, as may be necessary in arriving at an employment decision.

I give the Borough of Watchung the right to investigate the information I have provided, talk with former employers (except where I have indicated they may not be contacted). I give the Borough of Watchung the right to secure additional job-related information about me. I release the Borough of Watchung and its representatives from all liability for seeking such information.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

I understand that the discovery of any misrepresentation or omission of fact in this application will result in the rejection of my employment application, or in the event of employment, provide cause for termination of employment. I fully and completely understand that as a condition of employment, I must be able to perform all duties of the position applied for with or without reasonable accommodation. I also understand that if employed by the Borough, I must abide by all Borough rules and regulations.

I understand that any offer of employment may be subject to job-related medical, physical, drug or psychological tests. I also understand that employment is conditioned on passing a complete background and criminal check.

Signature of Applicant:

Date:

APPLICANT RELATIVE DISCLOSURE FORM

Name of Applicant: _____

The Borough of Watchung prohibits the hiring of relatives if the employment of such an individual would result in the creation of a prohibited employment relationship. A prohibited relationship is created when:

- 1. One relative would have the authority to directly supervise, appoint, remove, discipline, evaluate or otherwise affect the work or employment of another relative.
- 2. The relative would be responsible for auditing the work of the other.
- 3. Other circumstances exist which would place the relatives in a situation of actual, or reasonably foreseeable, conflict between the Borough’s interest and their own.

Relative includes spouse, civil union partner, domestic partnership partner, parent, step-parent, child, step-child, sibling, step-sibling, half-sibling, father-in-law, mother-in-law, sister-in-law, brother-in-law, grandparent, grandchild, aunt, uncle, niece, nephew, and cousins.

Do any of your relatives currently work for the Borough or are any of your relatives an elected or appointed Borough official? Yes No

If you answered “yes” to the previous question, please disclose the name(s) of your relative(s) who work(s) for the Borough, his or her title, and his or her relationship to you.

Relative #1

Name: _____
Title: _____
Relationship: _____

Relative #2

Name: _____
Title: _____
Relationship: _____

Note: An applicant’s failure to fully disclose his or her relationship to a Borough employee or elected or appointed official may result in rejection of the employment application or, if employed, the termination of employment.

I acknowledge that I have read and understand the above Disclosure Form and that I have disclosed all relatives who work for the Borough or serve as elected or appointed officials.

Signature of Applicant

Date

**BOROUGH OF WATCHUNG EMPLOYMENT APPLICATION
CRIMINAL HISTORY SUPPLEMENT**

In accordance with the Opportunity to Compete Act, P.L. 2014, c. 32, the Borough of Watchung requires applicants to provide criminal history information after the completion of the initial employment application process. The initial employment application process ends after the Borough's first interview with the applicant. If you have completed your first interview with the Borough, please complete this supplement to the employment application.

Other than minor traffic violations, have you ever been convicted of a criminal offense that has not been expunged or sealed by court order?

Yes No

Note: A conviction does not automatically mean that you will not be selected. The crime you were convicted of and how long ago you were convicted are important. If you answered yes, please provide the information requested below for each conviction so that the Borough of Watchung may make an informed decision. (Please attach additional pages if needed).

Date of Conviction: _____

Violation: _____

Specific Statutory Code Violated: _____

Location: _____

Court Disposition: _____

Police Agency Concerned: _____

Description of Incident: _____

I certify that the answers provided above are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this criminal history supplement as may be necessary in arriving at an employment decision. I release former employers and others from any liability that might arise from the disclosure of information.

I understand that the discovery of any misrepresentation or omission of fact in this criminal history supplement will result in the rejection of my employment application, or in the event of employment, provide cause for termination of employment. I understand that all positions require a complete criminal history check as a condition of employment.

Signature of Applicant: _____ Date: _____

**BOROUGH OF WATCHUNG
PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL
AND DRUG TEST STATEMENT**

Please complete this page only if the job for which you are applying requires that you possess a Commercial Driver's License.

Sec. 40.25(j) As the employer, the Borough must ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see paragraphs (b)(5) and (e) of this section).

Prospective Employee Printed Name: _____

Prospective Employee ID Number: _____

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: Yes No

2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return to duty requirements?

Check one: Yes No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Record retention guidelines:

- If "yes" to question 1, retain this form and documentation provided for 5 years.
- If "no" to question 1, discard after employment terminates but not less than 2 years from date of statement.

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	2	Business name/disregarded entity name, if different from above		
	3	Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC		<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____		<input type="checkbox"/> Other (see instructions) ▶ _____	
	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.			
	5	Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)
6	City, state, and ZIP code			
7	List account number(s) here (optional)			

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-			-				
or											
Employer identification number											
				-							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

**FINGERPRINT AND BACKGROUND CHECK CONSENT FORM
FOR EMPLOYEES, JOB APPLICANTS, AND VOLUNTEERS
THAT MAY WORK OR HAVE CONTACT WITH MINORS**

In accordance with N.J.S.A. 15A:3A-1 et seq., I understand that, as a condition of continued employment, new employment, or my volunteer service, the Borough of Watchung requires background checks on all individuals who will be working with children.

By signing this form, I agree to be fingerprinted and consent to a criminal background record check as a condition of new employment, continued employment, or voluntary service. I also represent, attest, and certify that I have never been convicted of any of the following crimes or disorderly persons offenses as defined by New Jersey law or the law of any other state, or that the guilty disposition of any of the crimes and/or offenses has been amended to a status of not guilty, or that any previous charges, as listed below, have been expunged:

2C:11 HOMICIDE all offenses

2C:12 ASSAULT, ENDANGERING, THREATS all offenses

2C:13 KIDNAPPING all offenses

2C:14 SEXUAL OFFENSES all offenses

2C:15 ROBBERY all offenses

2C:20 THEFT all offenses

2C:24 OFFENSES AGAINST THE FAMILY, CHILDREN AND INCOMPETENTS
all offenses

2C:35 CONTROLLED DANGEROUS SUBSTANCES
all offenses except paragraph (4) of subsection a. of N.J.S.A. 2C:35-10

Name (please print)

Applicant's signature

Date