City of Bayonne
Application for Employment

Position applied for: _____

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone _____ Social Security Number _____

Have you filed an application here before? Yes _____ No _____ If yes, give date _____

Have you ever been employed here before? Yes _____ No _____ If yes, give date _____

Are you employed now? Yes _____ No _____

Are you currently on a layoff and subject to recall? Yes _____ No _____

On what date would you be available for work? _____

Are you available to work? Full Time _____ Part-Time _____ Shiftwork _____ Temporary _____

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes _____ No _____

Have you been convicted of a felony with the last 7 years? Yes _____ No _____

If yes, please explain: _____

_____

_____

Can you perform all the essential functions of this job either with or without a reasonable accommodation? Yes _____ No _____

Indicate which foreign languages you speak, read and/or write:

	Fluently	Good	Fair
Speak			
Read			
Write			

**N.J.S.A.2C:51-2d mandates the permanent disqualification from public office or position in New Jersey for anyone convicted of an offense related to their public role.

Are you currently disqualfied from public employment due to a criminal conviction for which N.J.S.A. 2C:51-2.d applies ? Yes or No

Education

	Elementary	High School	College	Other
School Name				
Year completed:	5 6 7 8	9 10 11 12	1 2 3 4	
Diploma/Degree:				

Course of study: _____

Describe any specialized training, apprenticeships, skills and extracurricular activities:

_____

_____

Give any additional information you feel may be helpful to us in considering your application:

_____

_____

Do you type? Yes _____ No _____ If yes, give approximate speed _____

Stenography? Yes _____ No _____ If yes, give approximate speed _____

United States Military:

Branch _____ From _____ To _____

Final Rank _____ Specialty _____

References (not relatives)

Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone

Employment History
(start with most recent employer)

Employer's name and address Telephone number	Job Title Salary	From (month/year) To (month/year	Department Supervisor	Reason for leaving

May we check this reference? Yes _____ No _____

Employer's name and address Telephone number	Job Title Salary	From (month/year) To (month/year	Department Supervisor	Reason for leaving

May we check this reference? Yes _____ No _____

Employer's name and address Telephone number	Job Title Salary	From (month/year) To (month/year	Department Supervisor	Reason for leaving

May we check this reference? Yes _____ No _____

I declare that the information in this application is correct and complete to the best of my knowledge. I understand and agree that any misrepresentation of facts will be cause for rejection of this application or dismissal after employment and that final employment is subject to verification of references and contingent upon my passing the required physical examination and participation in the orientation process and satisfactory completion of the specified probationary period. I am also aware that the City of Bayonne has a residency ordinance creating priorities in hiring based on residency and required residency as a condition of employment.

Applicant's signature _____ Date _____

We are an Equal Opportunity Employer and comply with State and Federal laws which prohibit discrimination in employment because of race, creed, color, religion, national origin, ancestry, age, marital status, sex, physical handicap and liability for service in the Armed Forces of the United States.