



Employment Application
The Township of West Windsor
P.O. Box 38
West Windsor, New Jersey 08550
(609) 799-2400
www.westwindsortwp.org

**THE TOWNSHIP OF WEST WINDSOR
IS AN EQUAL OPPORTUNITY EMPLOYER**

THE TOWNSHIP OF WEST WINDSOR CONSIDERS APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, PHYSICAL OR MENTAL DISABILITY, SEXUAL ORIENTATION OR ANY OTHER LEGALLY PROTECTED STATUS.

The Township of West Windsor will not discriminate against any employee or job applicant with respect to any terms, conditions, or privileges of employment on the basis of a known disability or perceived disability. The Township will make reasonable accommodations to known physical or mental limitations of all employees and applicants with disabilities, provided that the individual is otherwise qualified to safely perform the essential functions of the job and also provided that the accommodation does not impose undue hardship on the Township. Generally, it's the applicant's responsibility to inform the Township that he or she needs a reasonable accommodation. The Township 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 Department.

Applicant Information:

(Last) (First) (Middle)
Name: _____
Address: _____
City/State/Zip: _____
Phone: (Home) () _____ (Cell) () _____ (Work) () _____
Email Address: _____

Position applied for: _____

Have you ever applied to the Township of West Windsor before? ___ Yes ___ No
If yes, give date _____

Do you have any family members or relatives who are or have been employed by West Windsor Township? ___ Yes ___ No. If yes, please identify these individuals, their job title and in what department they are employed: _____

Date you are available to start work? _____ Salary desired _____

Are you available to work? ___ Full time ___ Part time ___ Contractor ___ Temporary

Are you currently employed? ___ Yes ___ No May we contact your current employer: ___ Yes ___ No



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Are you 18 years or older? Yes No

Are you authorized to work in the United States of America? Yes No
(Pursuant to Federal Law, proof of US Citizenship or immigration status will be required if you are offered employment with the Township.)

Will you now, or in the future, require sponsorship for employment visa status (e.g. H1-B visa status)?
 Yes No.

Have you ever worked or been educated under a different name? Yes No.

If yes, what name: _____

Employment History: (Add additional sheets if necessary)

This section must be completed even if you attach a resume. List your last three employers, beginning with the most recent. Include any military service. Explain any gaps in employment in the space on this form marked “Comments” below.

Employer:	Date started:	Date left:
Address:		
Job Title:		
Work performed/ responsibilities:		
Reason for leaving:		
Supervisor's Name: _____ Phone Number: () _____ May we contact for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer:	Date started:	Date left:
Address:		
Job Title:		
Work performed/ responsibilities:		
Reason for leaving:		
Supervisor's Name: _____ Phone Number: () _____ May we contact for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No		



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Employer: Address: Job Title:	Date started: _____ Date left: _____
Work performed/ responsibilities:	
Reason for leaving:	
Supervisor's Name: _____ Phone Number: () _____ May we contact for a reference: ___Yes ___No	

Comments:

Education:

Provide information on your formal schooling and education. Include secondary and post-secondary education, if any. Include any formal vocational or professional education. For high school and post-secondary education, indicate any major or specialty, such as Academic, Business, or Trade.

School/Institution:	Years completed: (Circle)	Graduated: (Circle)	Major Field:
High:	1 2 3 4	Yes No	
College:	1 2 3 4	Yes No	
Other:	1 2 3 4	Yes No	

Languages:

List any foreign languages you speak and indicate your level of proficiency.

Language:	Speak Some:	Speak Fluently:	Read:	Write:



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List any scholastic honors, honorary societies, fellowship, scholarships or other academic awards: _____

Special Skills & Experience:

State any special skills, experience, training, licenses, certifications or other factors that make you especially qualified for the position for which you are applying.

Comments & Additional Information:

Is there any additional information about you we should consider?

References:

Provide the names, addresses and phone numbers of three people you have known for at least one year that we may contact as a reference. They should not be relatives or former supervisors.

Name & Address:	Phone Number:	Years Known:
(1)		
(2)		
(3)		

DRIVER'S LICENSE

Complete this section if driving is an essential part of the job for which you are applying.

Do you have a valid driver's license? _____ Yes _____ No
 State of Issuance: _____ License Number: _____



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Please sign to indicate your authorization for the Township to perform a record check of your driver's license, upon an offer of employment by the Township.

(Signature)

Date:

Complete this section if the job for which you are applying requires that you possess a Commercial Driver's License:

Do you have a valid Commercial Driver's License? _____ Yes _____ No
State of Issuance: _____ Commercial Driver's License No. _____

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? _____ Yes _____ No

Please sign to indicate your authorization for the Township to perform a record check of your Commercial Driver's License, upon an offer of employment by the Township.

(Signature)

(Date)



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Applicant's Statement

I certify that the answers provided in this application are true and complete to the best of my knowledge. I authorize the Township of West Windsor to investigate all statements contained in this application as may be necessary in arriving at an employment decision. I release the Township and all former employers and others from any liability that might arise from the disclosure of information. I understand that any offer of employment may be subject to job-related medical, physical, drug, or psychological tests. I also understand that some positions may involve complete background and criminal history checks as well as a review of the applicant's driving history record. Any inquiry into my criminal history will be in accordance with the Opportunity to Compete Act.

I understand and acknowledge that, unless otherwise provided by law or an applicable collective bargaining agreement, any employment relationship with the Township of West Windsor is "at will," which means that I may resign at any time and the Township of West Windsor may discharge me 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 my employment.

Applicant's Signature: _____

Date: _____



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Conflict of Interest Policy

Employees including Township officials must conduct business according to the highest ethical standards of public service. Employees are expected to devote their best efforts to the interests of the Township. Violations of this policy will result in appropriate discipline including termination.

The Township recognizes the right of employees to engage in outside activities that are private in nature and unrelated to Township business. However, business dealings that appear to create a conflict between the employee and the Township's interests are unlawful under the New Jersey Local Government Ethics Act. Under the Act, certain employees and officials are required to annually file with the Township Clerk a state mandated disclosure form. The Township Clerk will notify employees and Township officials subject to the filing requirements of the Act.

A potential or actual conflict of interest occurs whenever an employee, including a Township official, is in a position to influence a Township decision that may result in a personal gain for the employee or an immediate relative including a spouse, civil union partner, domestic partner or significant other, child, parent, stepchild, sibling, grandparent, daughter-in-law, son-in-law, grandchild, niece, nephew, uncle, aunt, or any person related by blood or marriage residing in an employee's household.

Employees are required to disclose possible conflicts so that the Township may assess and prevent potential conflicts. If there are any questions whether an action or proposed course of conduct would create a conflict of interest, immediately contact the Business Administrator or the Township Attorney to obtain clarification.

Employees are allowed to hold outside employment and personal endeavors (referred to collectively as "outside activities") as long as these outside activities do not interfere with their Township responsibilities. Employees are prohibited from engaging in outside activities while on the job or using Township time, supplies or equipment for outside activities. Employees and their immediate relatives (as defined above), as well as third parties on behalf of Township employees, are prohibited from purchasing Township property or Township items either through auction, tax sales or trade-in.

The Business Administrator may request employees to restrict outside activities if the quality of the employee's Township work diminishes. Any employee who holds an interest in, or is employed by any business doing business with the Township must immediately submit a written notice of these outside interest(s) to the Business Administrator.

Employees may not accept donations, gratuities, contributions or gifts which could be interpreted to affect their Township duties. An employee shall not, under any circumstances, accept donations, gratuities, contributions or gifts from a vendor doing business with or seeking



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to do business with the Township or from any third party seeking to influence Township decisions. Acceptance of meals and other entertainment are also prohibited. Employees are required to report to the Business Administrator any offer in the form of a donation, gratuity, contribution, or gift including meals and entertainment that is in violation of this policy.

Applicant Disclosure Section:

Do you currently have any outside employment or personal activities that may have a potential or actual conflict with your employment or prospective employment with the Township of West Windsor?

_____ Yes _____ No _____ I do not know

If you answered “yes” to the previous questions, please disclose the nature of your outside employment or personal activity that may have a potential or actual conflict with your employment or prospective employment with the Township:

If you answered “I do no know” to the previous question, please explain: _____

Note: An applicant’s failure to fully disclose outside employment or personal activity that is a potential or actual conflict with employment or prospective employment by the Township of West Windsor will result in rejection of the employment application or, if employed, the termination of employment.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE CONFLICT OF INTEREST POLICY. I FURTHER ACKNOWLEDGE THAT I HAVE COMPLETED THE APPLICANT DISCLOSURE SECTION TRUTHFULLY AND COMPLETELY, AND THAT I HAVE DISCLOSED ALL OUTSIDE EMPLOYMENT OR PERSONAL ACTIVITIES THAT ARE POTENTIAL OR ACTUAL CONFLICTS OF INTEREST. I UNDERSTAND THAT THE DISCOVERY OF ANY MISREPRESENTATION OR OMISSION CONCERNING MY OUTSIDE EMPLOYMENT OR PERSONAL ACTIVITIES WILL RESULT IN THE REJECTION



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**OF MY EMPLOYMENT APPLICATION, OR IN THE EVENT OF EMPLOYMENT,
PROVIDE CAUSE FOR TERMINATION OF MY EMPLOYMENT. I
ACKNOWLEDGE THAT I HAVE BEEN PROVIDED WITH A COPY OF THE
CONFLICT OF INTEREST POLICY WITH DISCLOSURE SECTION. I
UNDERSTAND THAT I AM REQUIRED TO FOLLOW THIS POLICY
THROUGHOUT MY EMPLOYMENT WITH THE TOWNSHIP OF WEST WINDSOR.**

Signature of Applicant

Date: _____