



Township of Randolph
 502 Millbrook Avenue
 Randolph, NJ 07869-3799
 Tel: 973.989.7100 • Fax: 973.989.7076
 www.randolphnj.org

Pre-Employment Application

			Date:	
APPLICANT INFORMATION				
Full Name			Social Security # (Last 4 Numbers Only) XXX-XX-	
Current Address (Street, City, State, Zip)				
Home Telephone		Cell Telephone		E-Mail
Are you legally eligible for employment in the United States? Yes No <i>(Proof of citizenship or authorization to work in the United States will be required upon hire.)</i>			Driver's License # (If Applicable)	State
Position(s) applying for:				
Were you previously employed by us? Yes No If yes, when?		If your application is considered favorably, on what date will you be available to start work?		
Do you have any special skills or qualifications which will be of benefit in the position for which you are applying?				

RECORD OF EDUCATION				
	Elementary School	High School	College/University	Other
School Name				
Location				
Last Year Completed	5 6 7 8	9 10 11 12	1 2 3 4	
Did you graduate?	Yes No	Yes No	Yes No	Yes No
Specify Degree or Certification Received				

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Continued page 2 of 3

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EMPLOYMENT HISTORY (start with your current or most recent job)		
EMPLOYER #1	Name of Company	Type of Business
	Address	Telephone
	Job Title	Supervisor
	Employment Dates	
	Work Performed	
	Reason for Leaving	
EMPLOYER #2	Name of Company	Type of Business
	Address	Telephone
	Job Title	Supervisor
	Employment Dates	
	Work Performed	
	Reason for Leaving	
EMPLOYER #3	Name of Company	Type of Business
	Address	Telephone
	Job Title	Supervisor
	Employment Dates	
	Work Performed	
	Reason for Leaving	

If there is a particular employer you do not wish us to contact, please indicate which one(s):	1	2	3
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Continued page 3 of 3

PROFESSIONAL REFERENCES		
Name	Address	Telephone
1.		
2.		
3.		
4.		

Have you been convicted of a crime pursuant to N.J.S.A2C:51-2.d?

Yes

No

You are required to disclose if you are currently disqualified from public employment due to a criminal conviction for which N.J.S.A2C:51-2.d applies.

Applicant's Statement

I hereby authorize the Township of Randolph to contact, obtain and verify the accuracy of information contained in this application from all previous employers (except where I have indicated they may not be contacted), educational institutions and references. I also hereby release the Township of Randolph and its representatives from all liability for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that the Township of Randolph will conduct a background check. I also understand that employment is contingent upon passing a background check and the position may require me to pass a medical exam including drug testing. Failure of the background check and/or the medical exam will result in revocation of the offer of employment.

I certify that the facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on the application may result in my dismissal. I further understand that this application is not nor is it intended to be a contract of employment, nor does this application obligate the Township of Randolph in any way if the township decides to employ me. I understand and agree that my employment is at will and can be terminated by either party with or without notice, at any time, for any reason. No one other than the township manager has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by the township manager.

Do not sign until you have read the above statement.

Signature_____
Date