



SUMMER EMPLOYMENT APPLICATION
100 Morris Avenue, Summit, New Jersey 07901

The City of Summit welcomes all applicants. If you require some form of reasonable accommodation during the application process, please notify the Department of Community Programs at (908) 277-2932.

POSITION FOR WHICH YOU ARE APPLYING: _____

Applicant Information

* Date of Birth: _____ Email : _____

Name (Last, First, Middle): _____

Address: _____

City: _____ State: _____ Zip: _____

Cell # _____ Social Security #: _____ - _____ - _____

(Are you legally eligible to work in the United States of America? ___ yes ___ no
(In accordance with Federal Law, proof of eligibility for United States employment will be required if you are hired)

Have you ever been employed by the City of Summit or any of its agencies? ___ yes ___ no

Give the name of any of your relatives (by blood or marriage) who currently works for the City of Summit: _____

Are you related to any member of the Common Council? ___ yes ___ no
If yes, please give the name of the Council Member that you are related to: _____

Since your 18th birthday, have you been convicted of a crime, other than a traffic violation, in any state? ___ yes ___ no
If yes, please explain: _____

(A "Yes" answer does not necessarily disqualify you from employment. A "Yes" answer will be evaluated on the basis of the job you apply for.)

EDUCATION

Did you graduate from high school?	_____ yes _____ no			
If no, do you have a GED?	_____ yes _____ no			
Colleges or Universities	City/State/Country	Major	Total Earned Credits	Degree received (AA, BS, MBA, etc.)
Trade or Other Special Schools	Name of Course or Training		Completed Satisfactorily?	
			_____ yes _____ no	
			_____ yes _____ no	
List any licenses or certificates that are related to the position you seek.				
List any of your professional, trade, business, or civic activities that relate to the position you seek. (If you prefer, you do not need to list any activities that might indicate race, color, religion, gender, marital status, national origin, age, or disability.)				

<u>DRIVER'S LICENSE</u>	
If driving a car or other vehicle is required for this position, do you have a valid NJ driver's license?	_____ yes _____ no
If no, do you have a license from another U.S. state? Which state? _____	_____ yes _____ no
List license restrictions other than eye glasses: _____	
If a Commercial Driver's license is required for this position, do you possess a valid NJ CDL? _____ yes _____ no	

EMPLOYMENT HISTORY Show all employers. Include all paid and unpaid experience you think qualifies you for this position. Also include any military service.

Dates of employment (month/year)	Title	Hrs/week	Starting rate: Ending rate:
Employer's name	Employer's address (include town, state, ZIP)		
Name & title of immediate supervisor		Supervisor's phone	
May we contact supervisor? <input type="checkbox"/> YES <input type="checkbox"/> LATER <input type="checkbox"/> NO			
Reason for leaving position			
Reason for leaving position			

SPECIAL SKILLS & EXPERIENCE

List any special skills, experience, training, licenses, certifications, languages you speak or read and write, 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 Please provide the names and telephone numbers of three people whom we may contact. They should not be relatives or former supervisors. You may include coworkers and professional colleagues.

Name	Phone Number	Years Known

UNDERSTANDINGS & AGREEMENTS

As an applicant for a position with the City of Summit, I understand and agree that I must provide truthful and accurate information in this application and on any supplementary material submitted with this application. I understand that my application may be rejected if any information is not complete, true, and accurate. If hired, I understand that I may be separated from employment if the City later discovers that information on the form was incomplete, untrue, or inaccurate.

Authorization to Release Information: I give the City of Summit the right to investigate the information I have provided, and to contact former employers (except where I have indicated they may not be contacted). I give the City the right to secure additional job-related information about me. I release the City of Summit, its representatives, and all persons and organizations from which it seeks information about me from all claims and liability arising out of the City’s investigation, or from supplying accurate information about me. I release from all claims and liability anyone who provides the City of Summit with job-related information about me. I agree that a photocopy of this signed form may be used in place of the original.

I understand that the City of Summit is an equal-opportunity employer and does not discriminate in its hiring or other personnel practices. I understand that the City will make reasonable accommodations as required by Federal and/or State law.

I understand that, if employed, I may resign at any time and that the City may discharge me at any time in accordance with the City’s established policies and procedures. No City representatives may make any assurances to the contrary.

I understand that I must submit proof of U.S. citizenship or the legal right to work in the U.S. if I am hired. I also understand that I may be required to pass a pre-employment drug test, medical examination, physical examination, psychological test, and/or other tests relevant to the position I seek. I also understand that some positions involving public safety, public works, and access to confidential information may also involve complete background and criminal checks.

Applicant signature: _____ **Date:** _____

*** Required to meet American Red Cross standards and determine necessary criminal background checks.**