ESSEX COUNTY IMPROVEMENT AUTHORITY APPLICATION FOR EMPLOYMENT (PLEASE PRINT)

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national original, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

Date of Application					
Position(s) Applied For			***************************************		
Name					
NameLast	First		Middle		
Address Street	City	State	****	Zip	Code
Phone No. ()	_Social Securi	ty No		*****	
Date of Birth	Marital Statu	is S_	M	_D	W
Have you filed an application here before?	Yes	No	Date_		
Have you ever been employed here before?	Yes	No	Date_		
Are you a citizen of the United States?	Yes	45-54	_No		
If not, do you possess an Alien Registration	Card?Y	es	No		
If yes, give Alien Registration Number					
Are you available to work?Full Time	Part Time		Shift	Work	
Are you on lay-off and subject to recall?	Yes	-	No		
Do any of your friends or relatives, other tha	ın your spouse,	work he	ere?	_Yes	No
If yes, list name(s)					
Have you ever convicted of a felony within t					No
If yes, explain					
Are you a veteran of the U.S. military servic	e?		Yes		_No
If yes, what was your branch of U.S. military	v service?				

or di	sability that woul	sical, mental or me d limit your job pe nich you are applyi	rformance	Yes	No
If ye	s, please explain				
Wha	t foreign languag	es do you speak, re Fluently		Fair	
SPE. REA WRI	D	NAME OF THE PROPERTY OF THE PR	9000	phope	
		e, business or civic color, religion, sex	c activities and offices h or national origin)	eld (exclude	groups
Give	name, address a	nd phone number o	of three references not re	elated to you.	
	······································				
ЕМІ		STORY- Begin wit	h the most recent employme Dates		ork Performed
	Employer		From To	w c	ork Performed
	Address				
	Job Title		Hourly Rate/Salary Starting/Final		
	Reason For Leav	ing	Supervisor's Name	Tele	phone Number
	Employer		Dates From <u>To</u>	W	ork Performed
	Address			er e	
•	Job Title		Hourly Rate/Salary Starting/Final	Andrew	,
	Reason For Leav	ing	Supervisor's Name	Tel	ephone Number
			Supervisor's traine	101	ehnone Mannoer
			Supervisor 5 manie	T OI	ephone Namo

* Y

<u>EDUCATION</u>			Gra	Graduate/	
School Name	Elementary	High	College/University	Professiona	
Years Completed (circle)	4 5 6 7 8		1 2 3 4	1 2 3 4	
Diploma/Degree					
Describe Course Of Study					
Describe Specialized Training, Apprenticeship, Skills, And Extra Curricular Activities					
Honors Received:					
State any additional inform	mation you feel may b	•		application.	
				. Mak wile had had had had had man dan dah hay may span spat dah span	
I CERTIFY THAT THE FAC TRUE AND COMPLETE TO OF ALL STATEMENTS CO! STATEMENT MAY BE SUF! DISMISSAL IF SUCH FALS I FURTHER UNDERSTAND OF EMPLOYMENT.	THE BEST OF MY KNO NTAINED IN THIS APPL FICIENT CAUSE FOR R E INFORMATION DISC	WLEDGE. I A ICATION AND EJECTION OF OVERED SUB	UTHORIZE INVESTIGA D UNDERSTAND ANY F F THIS APPLICATION O SEQUENT TO MY EMP.	ATION FALSE OR LOYMENT.	
Cianatura			D-+-		

ESSEX COUNTY IMPROVEMENT AUTHORITY IS AN EQUAL OPPORTUNITY EMPLOYER