

**TOWNSHIP OF GREENWICH
EMPLOYMENT APPLICATION**

DATE SUBMITTED: _____

APPLICANT INFORMATION:

Name (First, Middle, Last): _____

Address: _____
Street City State Zip Code

Home Phone: _____ Cell Phone: _____

Email Address: _____ Social Security #: _____

Position applied for: _____

Have you ever applied to the Township of Greenwich before? Yes No

If yes, when? _____ For what position? _____

Date you can start: _____ Salary desired: _____

Are you available to work? Full Time Part Time Shift Work Temporary

Are you currently employed? Yes No

If yes, may we contact your employer? Yes No

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

Do you possess a current driver's license? Yes No

If you are under eighteen years of age, can you provide proof of eligibility to work?

Yes No N/A

Are you legally eligible 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 hired.

Have you ever plead guilty or been found guilty of a crime or disorderly persons offense?

Yes No

Employment is conditional upon the results of a criminal background check. An answer of "yes" may disqualify you from employment depending upon the circumstances involved. If you answered yes to the above question, please explain in detail: _____

EMPLOYMENT HISTORY: This section must be completed even if you attach a résumé. Please list your last four employers and begin with your most recent/current employer. Also include any military service in this section. Please explain any gaps in employment in the ‘Comments’ section at the bottom.

1. Employer Name:	Date Started:	Work Performed / Responsibilities:
Address:	Date Left:	
	Starting Salary:	
Job Title:	Ending Salary:	
Reason for leaving:		
Supervisor's name and phone number:		May we contact? Yes No
2. Employer Name:	Date Started:	Work Performed / Responsibilities:
Address:	Date Left:	
	Starting Salary:	
Job Title:	Ending Salary:	
Reason for leaving:		
Supervisor's name and phone number:		May we contact? Yes No
3. Employer Name:	Date Started:	Work Performed / Responsibilities:
Address:	Date Left:	
	Starting Salary:	
Job Title:	Ending Salary:	
Reason for leaving:		
Supervisor's name and phone number:		May we contact? Yes No
4. Employer Name:	Date Started:	Work Performed / Responsibilities:
Address:	Date Left:	
	Starting Salary:	
Job Title:	Ending Salary:	
Reason for leaving:		
Supervisor's name and phone number:		May we contact? Yes No

Employment History Comments: _____

EDUCATION: Provide information on your formal schooling and education below. Include any formal vocational or professional education and indicate major area of study or specialty.

SCHOOL NAME	YEARS COMPLETED	GRADUATED		MAJOR FIELD OF STUDY
High School:		Yes	No	
College:		Yes	No	
Other:		Yes	No	
Other:		Yes	No	

LANGUAGES: List any foreign languages you know and indicate your level of proficiency.

LANGUAGE	SPEAK SOME		SPEAK FLUENTLY		READ		WRITE	
	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No

SPECIAL SKILLS AND EXPERIENCE: List any special skills, experience, training, licenses, certifications or other factors that make you especially qualified for the position for which you are applying.

COMMENTS AND ADDITIONAL INFORMATION: Is there any additional information about you we should consider?

REFERENCES: Provide the information below for three people whom we may contact as a reference. Please do not include relatives or former supervisors.

Name & Address	Phone Number	Email Address	Occupation	Years Known

UNDERSTANDINGS AND AGREEMENTS: I understand and agree that I must provide truthful and accurate information on this application. I understand that my application may be rejected if any information is not complete, true, or accurate. If hired, I understand that I may be separated from employment if it is later discovered that information on this form was incomplete, untrue, or inaccurate. I give the Township of Greenwich the right to investigate the information I have provided and talk with former employers (except where I have indicated they may not be contacted). I give the Township of Greenwich the right to secure additional job-related information about me. I release the Township of Greenwich and its representatives from all liability for seeking such information. I understand that the Township of Greenwich is an equal opportunity employer and does not discriminate in its hiring practices. I understand that the Township of Greenwich will make reasonable accommodations as required by the Americans with Disabilities Act. I understand that, if employed, I may resign at any time and that the Township of Greenwich may terminate me at any time in accordance with its established policies and procedures. No representatives of the Township of Greenwich may make any assurances to the contrary. 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 check.

For your application to be considered, you must sign and date below.

Applicant's Signature: _____

Date: _____



GREENWICH TOWNSHIP POLICE DEPARTMENT

421 West Broad Street • Gibbstown, New Jersey 08027

JOSEPH C. GIORGIANNI
Chief of Police
KEVIN S. NASTASI
Captain

Phone 856-423-1950
Fax 856-423-5332
Administrative Fax: 856-423-6081

AUTHORIZATION TO RELEASE INFORMATION

Name (F/M/L)

Date of Birth (M/D/Y)

Street Address

Social Security Number

City State Zip Code

As an applicant for employment with the Greenwich Township Police Department (GTPD), I am authorizing you to furnish information to the GTPD. In this connection, I authorize release of any and all information that you may have concerning me, including information of a confidential or of privileged nature.

I hereby release you, your organization, or others from any liability of damage which may result from furnishing the information requested.

Please forward your information and/or records to:

Greenwich Township Police Department
Detective Division
421 West Broad Street
Gibbstown, NJ 08027

Signature

Date

Applicant: You may retain a copy of this form for your records