



PRE-EMPLOYMENT QUESTIONNAIRE – AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT INFORMATION												
Last Name			First			M.I.		Date				
Street Address						Apartment/Unit #						
City				State			ZIP					
Phone				Email Address								
Date of Birth					Social Security No.			Desired Salary				
Position Applied For												
Are you a citizen of United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/> NO <input type="checkbox"/>		
Have you ever worked for the Township?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
EDUCATION												
High School					Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College					Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other					Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
REFERENCES												
Please list three professional references.												
Full Name						Relationship						
Company						Phone						
Address												
Full Name						Relationship						

Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			

From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CERTIFICATIONS, LICENSES OR TECHNICAL SKILLS		
DRIVER'S LICENSE		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	COMMERCIAL DRIVER'S LICENSE
YES <input type="checkbox"/>	NO <input type="checkbox"/>	CDL Endorsements:
MILITARY SERVICE		
Branch	From	To
Rank at Discharge	Type of Discharge	
DISCLAIMER AND SIGNATURE		
I certify that my answers are true and complete to the best of my knowledge.		
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.		
Signature	Date	

REQUESTED INFORMATION - OPTIONAL	
Please fill out this section, which is requested for our equal employment opportunity reports. The information furnished below will not be used in any way by the Township of Lyndhurst to make employment decisions.	
Sex: Male ___ Female ___ Other ___	
Race/National Origin:	Black/African American <input type="checkbox"/>
	White <input type="checkbox"/>
	Hispanic <input type="checkbox"/>
	American Indian <input type="checkbox"/>
	Asian/Pacific Islander <input type="checkbox"/>
	Other <input type="checkbox"/>
If this applicant declines to acknowledge the above information, please sign below. This decision <u>will not</u> affect the applicant's employment opportunity.	
Signature	Date

