



**CITY OF CAMDEN
DEPARTMENT OF ADMINISTRATION
PERSONNEL OFFICE
520 MARKET STREET
CITY HALL, RM. 405
CAMDEN, NEW JERSEY 08102**

EMPLOYMENT APPLICATION

EMAIL:		Date:	
Name:		Telephone #:	
Address:			
City :	State:	Zip:	
Social Security #	Date of Birth:		
Are you a citizen of the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a resident of NJ?		If yes, how long:	
List the position you are applying for:		Desired Salary:	
What type of position are you applying for:		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal
Are you currently employed: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please list employer:			
Have you ever been forced to resign or been discharged from any position: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain:			
Are you a Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you possess a New Jersey Driver's License:		If yes, list Driver's License Number:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Has your Driver's License ever been suspended or revoked?		If yes, list reason.	

<input type="checkbox"/> Yes <input type="checkbox"/> No	
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REFERENCES

Please three (3) personal references

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Name	Address	Telephone #
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Name	Address	Telephone #
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Name	Address	Telephone #
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EDUCATION

SCHOOL	NAME	ADDRESS	DATES ATTENDED From To	DEGREE RECEIVED	DID YOU GRADUATE?
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HIGH SCHOOL					
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TRADE SCHOOL					
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COLLEGE/UNIVERSITY					
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Other Education:

Do you speak any foreign language:

If yes, please list language(s) spoken:

Do you possess any professional license/registration?

If so, please list:

EXPERIENCE

Beginning with your most present or most recent employment, list all positions held.

Employer 1:

Address:

Employed

From: _____ **To:** _____

Telephone #

Supervisor's Name:

Title(s)/Duties:

Employer 2:

Address:

Employed

From: _____ **To:** _____

Telephone #

Supervisor's Name:

Title(s)/Duties:

Employer 3:

Address:

Employed

From: _____ **To:** _____

Telephone #

Supervisor's Name:

Title(s)/Duties:

Signature