CITY OF BRIGANTINE
Employment Application

PERSONAL INFORMATION

Full Name: _____
First Middle Last

Address_____
(Permanent) Street Address Apt/Suite

_____
City State Zip Code

Address: _____
(Temporary) Street Address Apt/Suite

_____
City State Zip Code

Email: _____ Phone: _____

Positions Desired: _____

How did you hear about this position? _____

Type of Employment Desired: ☐ FULL-TIME ☐ PART-TIME ☐ SEASONAL

EMPLOYMENT ELIGIBILITY

Are you at least 18 years of age or older? ☐ YES ☐ NO (If no, you may be required to provide authorization to work.)

Do you possess a valid Driver's License? ☐ YES ☐ NO

Have you ever worked for The City of Brigantine? ☐ YES ☐ NO

If yes, when? _____ Reason for Leaving? _____

EDUCATION

High School: _____ City/State: _____

Diploma received? ☐ YES ☐ NO

College: _____ City/State: _____

Degree? ☐ YES ☐ NO Area of Study? _____

Other: _____ City/State: _____

Please list any special skills or qualifications: _____

(PLEASE COMPLETE REVERSE SIDE)

PREVIOUS EMPLOYMENT

(List most recent first)

EMPLOYER: _____
Company / Individual

Address**:** _____
Street Address City State Zip Code

Job Title: _____ Dates of Employment: _____

Responsibilities: _____

_____

Reason for leaving: _____

EMPLOYER: _____
Company / Individual

Address**:** _____
Street Address City State Zip Code

Job Title: _____ Dates of Employment: _____

Responsibilities: _____

_____

Reason for leaving: _____

Were you ever subjected to a disciplinary suspension or discharge by an employer? If yes, name of employer and specifics of action: _____

_____

Do you have any Military experience: ☐ YES ☐ NO What Branch? _____

DISCLAIMER

I authorize the persons, schools, current employer and other organizations or employers named in this application to provide the City of Brigantine with any relevant information that may be required to arrive at an employment decision. I certify that all statements made by me on this application are true, complete and certifiable to the best of my knowledge, and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that providing false information and/or withholding relevant information are proper grounds for the City to refuse to hire me and for my immediate dismissal, in the event that I am employed. I certify that I am eligible to work in the United States.

Signature _____ Date _____

Print Name _____

The City of Brigantine is an Equal Opportunity Employer

1417 W. Brigantine Avenue
Brigantine, NJ 08203