## 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 De	sired.				
How did you	hear about this positi	on?			
Type of Emp	bloyment Desired:	FULL-TIME 🗌 PART-TIME 🗌 SE	EASONAL		
		EMPLOYMENT ELI	IGIBILITY		
-			you may be required to provide authorization to work.)		
	sess a valid Driver's Li				
Have you ev	ver worked for The City	/ of Brigantine? □ YES □ r	NO		
If yes, when	?	Reason fo	or Leaving?		
		EDUCATIO	N		
High Schoo	)l:	City/State	e:		
Diploma rec	eived? 🗆 yes 🗆 no				
College: City/State:					
Degree?	YES 🗆 NO Area of Stu	dy?			
Other:	her: City/State:				
Please list a	ny special skills or qua	alifications:			

## **PREVIOUS EMPLOYMENT**

(List most rece	ent first)				
EMPLOYER					
	Company / Indivi	dual			
Address:	Street Address		City	State	Zip Code
Job Title:		_ Dates of Employment:			
Responsibi	ilities:				
Reason for I	eaving:				
EMPLOYER	Company / Indivi	dual			
Address:	Street Address		City	State	Zip Code
Job Title:		_ Dates of Employment:			
Responsibi	lities:				
Reason for I	leaving:				
Were you ev	ver subjected to	a disciplinary suspension or o	discharge b	y an employer? If y	es, name of employer
and specific	s of action:				
Do you have	e any Military exp	perience: 🗆 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	
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The City of Brigantine is an Equal Opportunity Employer

1417 W. Brigantine Avenue Brigantine, NJ 08203