

CITY OF BRIGANTINE
1417 W. BRIGANTINE AVENUE
BRIGANTINE, NEW JERSEY 08203

Name: _____ Email: _____
Address (Permanent): _____ City: _____ State: _____ Zip: _____
Address (Temporary): _____ City: _____ State: _____ Zip: _____
Telephone No. (Permanent): _____ Telephone No. (Temporary): _____
Date of Birth: _____ (Please answer only if applying for positions as Firefighter/EMT, Police Officer, or Temporary summer position)

Education:
Circle Highest Grade Completed:
Grade School: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4 Degree: _____

List Vocational Schools, College, University & Graduate School:

Name	Address	Major Area of Study

Special Skills or Qualifications: _____
Please attach certificate of special field or achievement.

Military Experience: _____ Branch of Service: _____

Have you ever been convicted of any crime or criminal offense: Yes _____ No _____
If yes, give details: _____

A conviction will not necessarily preclude your employment:
Where you ever subjected to a disciplinary suspension or discharge by an employer? If yes, name of employer and specifics of action.

Please provide the following information if applying for a position which requires that you drive.
N.J. Driver's License # _____ (please attach copy)

Has your driver's license ever been revoked? _____ If yes, please detail circumstances _____

Have you ever been employed by the City of Brigantine? _____
If yes, when? From: _____ To: _____ Reason for Leaving _____

How did you hear about this position? _____

IN CASE OF EMERGENCY NOTIFY:

Name: _____ Relationship: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Telephone No: _____

CITY OF BRIGANTINE APPLICATION FOR EMPLOYMENT (Page 2)

Work Experience: (List most recent first) Attach additional sheets if necessary.

Name & Address of Employer: Dates Employed: From: _____ To: _____	Position Title: Reason for Leaving:	Briefly describe your duties:
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Name & Address of Employer: Dates Employed: From: _____ To: _____	Position Title: Reason for Leaving:	Briefly describe your duties:

Position Desired:

Other Positions for which you feel qualified?

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 _____

Comments: (Do not write in this space)