

# RARITAN TOWNSHIP *New Jersey*

## APPLICATION FOR EMPLOYMENT DEPARTMENT OF PUBLIC WORKS

204 Pennsylvania Avenue, Flemington, NJ 08822 Fax 908-782-2508

The Township of Raritan considers applicants for all positions without regard to race, creed, color, religion, national origin, civil union status, gender identity or expression, age, marital or political status, disability or handicap, sex or sexual orientation or any other category protected by federal, state or local law or regulation.

(Please clearly print or type all information)

Application Date: \_\_\_\_\_

Name: \_\_\_\_\_

Full Time Employment:  Seasonal Employment:

**A RESUME IS NOT A SUBSTITUTE FOR COMPLETING THIS FORM IN ITS ENTIRETY.**

Instructions for completing this application:

- Resumes can be submitted with the application however all questions on this application must be fully answered. Do not indicate "See Resume" on any part of this application and then leave sections blank. This application requests more information that can be obtained from a resume.
- If a question does not apply, please write N/A
- Do not abbreviate the name of your employers or education. Provide complete addresses and telephone numbers for all employers, and references.
- Be sure to sign and date this application.

All information will be verified and all references will be checked. Information will be kept confidential to the extent permitted by law.

PLEASE NOTE: Due to the large number of applications we receive, only those candidates being considered for an interview will be contacted.

DO NOT WRITE BELOW THIS LINE

RECOMMEND FOR EMPLOYMENT:  Yes  No IF NO, HOLD FOR FUTURE USE?  Yes  No

IF YES, START DATE: \_\_\_\_\_ START SALARY: \_\_\_\_\_

HUMAN RESOURCES SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### I. PERSONAL

LAST NAME	FIRST	MIDDLE	EMAIL ADDRESS
PRESENT ADDRESS (NUMBER, STREET, CITY, STATE , ZIP CODE)			TELEPHONE NUMBER
PERMANENT ADDRESS (IF DIFFERENT THAN PRESENT ADDRESS)			TELEPHONE NUMBER – CELL
ARE YOU 18 YEARS OF AGE OR OLDER? (If no, you will be required to show proof of eligibility to work.)			<input type="checkbox"/> Yes <input type="checkbox"/> No
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? (Proof of US Citizenship or work authorization status will be required upon employment)			<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME OF RELATIVE OR FRIENDS EMPLOYED BY RARITAN TOWNSHIP			
HAVE YOU EVER BEEN EMPLOYED BY RARITAN TOWNSHIP? IF YES, STATE WHEN.			<input type="checkbox"/> Yes <input type="checkbox"/> No

### II. POSITION AND PERSONAL INTERESTS

POSITION APPLIED FOR	TITLE	SALARY DESIRED \$ _____ PER
ARE YOU EMPLOYED NOW? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE AVAILABLE TO START WORK	HOW WERE YOU REFERRED TO US?
DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PLEASE SIGN TO INDICATE YOUR AUTHORIZATION FOR THE TOWNSHIP TO PERFORM A RECORD CHECK OF THE DIVISION OF MOTOR VEHICLES' FILES, UPON AN OFFER OF EMPLOYMENT BY THE TOWNSHIP:		
DO YOU HAVE A VALID CDL? CLASS A <input type="checkbox"/> CLASS B <input type="checkbox"/> TANKER ENDORSEMENT <input type="checkbox"/>		
LIST ANY RESTRICTIONS IF ANY:		
APPLICANTS WHO HOLD A CDL MUST BE REGISTERED WITH THE FMCSA COMMERCIAL DRIVER'S LICENSE DRUG AND ALCOHOL CLEARING HOUSE AT <a href="https://clearinghouse.fmcsa.dot.gov">HTTPS://CLEARINGHOUSE.FMCSA.DOT.GOV</a>		

### III. EDUCATION AND TRAINING

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
HIGH SCHOOL OR EQUIVALENT			9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
TECHNICAL OR COMMERCIAL			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER (SPECIFY)			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ARE YOU TAKING ANY COURSE OF STUDY NOW? IF YES, PROVIDE DETAILS: <input type="checkbox"/> Yes <input type="checkbox"/> No			DATE TO BE COMPLETED		
DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS OR EXTRA-CURRICULAR ACTIVITIES (i.e. EMT or fire fighting training and participation, etc.) Exclude those that indicate race, religion, sex, age, national origin or other protected classification.					

#### IV. EMPLOYMENT HISTORY

Please account for all periods of employment, including U.S. Armed Forces experience, periods of travel, and self-employment. List present or last employer first. If more space is desired, please use an additional application.

NAME OF EMPLOYER		ADDRESS OF EMPLOYER		DATE EMPLOYED	
				FROM	TO
				/	/
				MONTH YEAR	MONTH YEAR
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE	DEPARTMENT			
YOUR POSITION OR TITLE:			REASON FOR LEAVING:		
MAY WE CONTACT EMPLOYER?					
NOW [ ]		AT A LATER DATE [ ]		NOT AT ALL [ ]	

NAME OF EMPLOYER		ADDRESS OF EMPLOYER		DATE EMPLOYED	
				FROM	TO
				/	/
				MONTH YEAR	MONTH YEAR
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE	DEPARTMENT			
YOUR POSITION OR TITLE:			REASON FOR LEAVING:		
MAY WE CONTACT EMPLOYER?					
NOW [ ]		AT A LATER DATE [ ]		NOT AT ALL [ ]	

NAME OF EMPLOYER		ADDRESS OF EMPLOYER		DATE EMPLOYED	
				FROM	TO
				/	/
				MONTH YEAR	MONTH YEAR
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE	DEPARTMENT			
YOUR POSITION OR TITLE:			REASON FOR LEAVING:		
MAY WE CONTACT EMPLOYER?					
NOW [ ]		AT A LATER DATE [ ]		NOT AT ALL [ ]	

NAME OF EMPLOYER		ADDRESS OF EMPLOYER		DATE EMPLOYED	
				FROM	TO
				/	/
				MONTH YEAR	MONTH YEAR
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE	DEPARTMENT			
YOUR POSITION OR TITLE:			REASON FOR LEAVING:		
MAY WE CONTACT EMPLOYER?					
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NAME OF EMPLOYER		ADDRESS OF EMPLOYER		DATE EMPLOYED	
				FROM	TO
				/	/
				MONTH YEAR	MONTH YEAR
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE	DEPARTMENT			
YOUR POSITION OR TITLE:			REASON FOR LEAVING:		
MAY WE CONTACT EMPLOYER?					
NOW [ ]		AT A LATER DATE [ ]		NOT AT ALL [ ]	

**V. OUTSIDE ORGANIZATIONS**

ARE YOU AFFILIATED WITH ANY OTHER COMPANY THAT REQUIRES WORK OF YOU?  
 Yes  No IF YES, PLEASE EXPLAIN

ARE YOU ENGAGED IN ANY PERSONAL BUSINESS OR ENTERPRISE?  
 Yes  No IF YES, PLEASE EXPLAIN

WHAT CERTIFICATIONS DO YOU HOLD?

DESCRIBE ANY OTHER EXPERIENCE THAT MIGHT BE HELPFUL IN CONSIDERING YOUR APPLICATION. (Other work experience, internships, school activity, apprenticeships, etc.)

**VI. REFERENCES** Exclude relatives but provide three (3) persons not previously mentioned who are most familiar with your work, ability and training.

NAME	RELATIONSHIP	POSITION	ADDRESS	TELEPHONE

**VII. ESSENTIAL FUNCTIONS** **DO NOT ANSWER THIS QUESTION WITHOUT FIRST REVIEWING THE JOB DESCRIPTION**

ARE YOU ABLE TO PERFORM THE ESSENTIAL REQUIREMENTS OF THE JOB, WITH OR WITHOUT REASONABLE ACCOMODATION?  Yes  No

**VIII. RELEASE OF APPLICATION**

IF YOU ARE UNSUCCESSFUL IN YOUR CANDIDACY FOR A POSITION WITH THE TOWNSHIP, DO YOU WISH YOUR APPLICATION TO BE DISCLOSED?  Yes  No

**IX. APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I release former employers and others from any liability that might arise from the disclosure of information.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

I understand that misrepresentation or omission of facts called for is basis for township refusal to process application further or, in the event of employment, cause for dismissal. I fully and completely understand that as a condition of employment, I must be able to perform all the duties of the position applied for. I also understand that if employed, by the township, I must abide by all rules and regulations of the employer.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please email this completed application to [superintendent@raritantwpnj.gov](mailto:superintendent@raritantwpnj.gov)

# RARITAN TOWNSHIP *New Jersey*

## JOB DESCRIPTION

**Title:** PUBLIC WORKS EMPLOYEE

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**Department:** PUBLIC WORKS DEPT.

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**Immediate Supervisor Title:** SUPERINTENDENT OF PUBLIC WORKS

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**Work Location:** PUBLIC WORKS FACILITY

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**Hours of Work:** 40 HOURS PER WEEK PLUS OVERTIME AS REQUIRED

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### **GENERAL STATEMENT OF DUTIES:**

The employee in this position is responsible for completing all tasks given to them by a supervisor in all areas of the Public Works which includes roads, building and grounds and recycling.

### **EXAMPLES OF WORK PERFORMED:**

#### **Essential Functions:**

- Road maintenance and repair
- Storm drainage installation
- Snow removal including availability during emergency situations
- Employee must make every effort to work emergency overtime when requested
- Maintenance of building and grounds, parks, vehicles and equipment
- Installations of Road signs
- Recycling activities
- Operation of all equipment used in the operation of Public Works Department
- Punctual and regular attendance.

#### **Non-Essential Functions:**

- NONE

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## **KNOWLEDGE, SKILLS AND ABILITY REQUIREMENTS**

- Ability to work with other employees and understand work directions
- Ability and skills to operate all equipment in the correct manner
- Ability to maintain a cooperative relationship with fellow employees, Township officials and the public
- Ability to fill out vehicle reports
- Ability to operate a two-way radio
- Must be able to work outside during all times of the year
- Must be able to perform hard physical labor
- Must be able to lift 50 pounds waist height
- Must be able to stand for a period of four hours at one time

## **MINIMUM QUALIFICATIONS AND EXPERIENCE**

- High school graduate or equivalent
- The ability to understand Township requirements
- Possession of a valid CDL driver's license and ability to obtain a tanker endorsement
- The ability to read, write, speak or communicate in English sufficiently to perform the duties of the position. Communication may include such forms as American Sign Language or Braille.

**Persons with mental or physical disabilities are eligible as long as they can perform the essential functions of the job after reasonable accommodation is made to their known limitations. If the accommodation cannot be made because it would cause the employer undue hardship, such persons may not be eligible.**

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**Applicants signature stating that they have read the above job description and are able to perform all listed items.**

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_