



APPLICATION FOR EMPLOYMENT WITH THE CITY OF MORIARTY

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For/Job Title	Job Number	Date of Application

How Did You Learn About Us? ☐ Advertisement ☐ Friend ☐ Employment Agency ☐ Relative
☐ Other _____

Last Name	First Name	Middle Name	
Physical Address	City	State	Zip Code
Mailing Address	City	State	Zip Code
Telephone Number(s)			

Best time to contact you at home is: _____ AM/PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before?

If yes, give date: _____

☐ Yes ☐ No

Have you ever been employed with us before?

If yes, give date: _____

☐ Yes ☐ No

Do you have relatives employed by the City of Moriarty?

If yes, state name and relationship. _____

☐ Yes ☐ No

Are you currently employed?

☐ Yes ☐ No

Are you prevented from lawfully becoming employed

in this country because of Visa or Immigration Status?

(Proof of citizenship or immigration status will be required upon employment.)

☐ Yes ☐ No

Date available for work _____/_____/_____

Are you available to work: ☐ Full Time ☐ Part Time ☐ Temporary

EDUCATION

School	Name and Address of School	Course of Study Completed	Years Attended	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

Why do you want to work for the City of Moriarty?

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. A COMPLETE JOB DESCRIPTION IS AVAILABLE AT THE CITY CLERKS OFFICE.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation is outlined in the job description. _____ YES _____ NO

PROFESSIONAL REFERENCES (Do not include family members)

Name	Phone Number	Best time to call	Employer/Occupation
1.			
2.			
3.			

Work Experience

Please complete even if Resume is attached. Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Starting/Present Job Title	<u>Hourly Rate/Salary</u> Starting Pay Final Pay		
Supervisor			
Reason for Leaving	May we contact? <input type="checkbox"/> No <input type="checkbox"/> Yes Phone #:		
Employer	Dates Employed		Work Performed
	From	To	
Address			
Starting/Present Job Title	<u>Hourly Rate/Salary</u> Starting Pay Final Pay		
Supervisor			
Reason for Leaving	May we contact? <input type="checkbox"/> No <input type="checkbox"/> Yes Phone #:		
Employer	Dates Employed		Work Performed
	From	To	
Address			
Starting/Present Job Title	<u>Hourly Rate/Salary</u> Starting Pay Final Pay		
Supervisor			
Reason for Leaving	May we contact? <input type="checkbox"/> No <input type="checkbox"/> Yes Phone #:		
Employer	Dates Employed		Work Performed
	From	To	
Address			
Starting/Present Job Title	<u>Hourly Rate/Salary</u> Starting Pay Final Pay		
Supervisor			
Reason for Leaving	May we contact? <input type="checkbox"/> No <input type="checkbox"/> Yes Phone #:		
Employer	Dates Employed		Work Performed
	From	To	
Address			
Starting/Present Job Title	<u>Hourly Rate/Salary</u> Starting Pay Final Pay		
Supervisor			
Reason for Leaving	May we contact? <input type="checkbox"/> No <input type="checkbox"/> Yes Phone #:		

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

List Professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Additional Information/Other qualifications Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills (Check skills/Equipment Operated)			
<input type="checkbox"/> Switchboard	<input type="checkbox"/> Spreadsheet	Machinery (list)	Other (list)
<input type="checkbox"/> PC computer	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter WPM _____	<input type="checkbox"/> Shorthand WPM _____	_____	_____
State any additional information you feel may be helpful to us in considering your application. List all computer programs you are familiar with.			

<p align="center">SUBSTANCE ABUSE POLICY STATEMENT</p> <p>The City of Moriarty recognizes alcohol and drug abuse as potential health, safety, and security problems. We</p>
--

expect all employees to assist in maintaining a work environment free from the effects of alcohol, drugs, or other intoxicating substances. Compliance with this substance abuse policy is made a condition of employment.

CONSENT FORM

I fully understand that, should I be offered employment by the City of Moriarty, a pre-employment urine drug screen will be required. The urine specimen collected may be analyzed for the following substances or classes of substance:

Alcohol
Amphetamines
Barbiturates

Benzodiazepines
Cannabis
Cocaine

Opiates
Phencyclidine
Propoxopine

I understand that my refusal to submit to and cooperate fully in this drug screen shall constitute good and sufficient cause for withdrawal of this application from further consideration.

I agree to the disclosure of the results of such tests to the hiring agency by the testing facility. I understand that a positive test result will be a factor in the employment decision and my result in my rejection for consideration for employment with the hiring agency.

I agree to release the City of Moriarty and the drug testing facility from any liability. The City of Moriarty agrees that the test results will not be provided to law enforcement authorities without the applicant's written consent.

I also understand that, should I be offered employment by the City of Moriarty, the City will require that I pass a physical examination, scheduled and paid for by the City.

Applicant's Signature _____ Date _____

PRE-EMPLOYMENT INQUIRY AUTHORIZATION RELEASE

In connection with my application for employment, I understand and agree that background inquiries may be requested by the City of Moriarty pertaining to my character, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Furthermore, I understand and agree that the City of Moriarty may request information from various federal, state, and other agencies, including public and private sources that maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background, and other past experiences. I also release and hold harmless all of my previous employers and the City of Moriarty from any liability that may potentially result from the release or use of such information.

The following information is my complete and legal name, and all information is true and correct to the best of my knowledge.

Last Name	First Name	Middle Name
Social Security Number	Date of Birth	Driver's License Number and State

Applicant's Signature _____ Date _____