



FOR OFFICE USE ONLY	
Possible Work Locations	Possible Positions

**APPLICATION  
FOR  
EMPLOYMENT**

(PLEASE PRINT PLAINLY)

FOR OFFICE USE ONLY	
Work Location	Rate
Position	Date

**PERSONAL**

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Present address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
No. Street City State Zip

Are you legally eligible for employment in the U.S.A.? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, verification will be required upon employment.)

Are you of the legal age to work? \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_ 20: \_\_\_\_\_

Are there any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? (Applicant should not list any information that Federal and/or State law precludes obtaining in the pre-employment stage.) \_\_\_\_\_

**RECORD OF EDUCATION**

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate?	List Diploma or Degree
			5	6	7	8		
Elementary		X					<input type="checkbox"/> Yes <input type="checkbox"/> No	X
High							<input type="checkbox"/> Yes <input type="checkbox"/> No	
College							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)							<input type="checkbox"/> Yes <input type="checkbox"/> No	

**List below present and past employment, beginning with your most recent**

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

I hereby give permission to contact the employers listed above concerning my prior work experience.

Signed \_\_\_\_\_

If there is a particular employer(s), you do not wish us to contact, please indicate which one(s). \_\_\_\_\_

**PERSONAL REFERENCES (Not Former Employers or Relatives)**

Name and Occupation	Address	Phone Number

BOROUGH *of* GLEN ROCK  
BERGEN COUNTY, NEW JERSEY



NON - SWORN PERSONNEL  
**BACKGROUND CHECK APPLICATION**

In regulation of Borough Ordinance all Borough of Glen Rock's Non-Sworn Personnel are required to complete below Application and undergo a Borough of Glen Rock approved Criminal History Background Check prior to their first day of work.

**APPLICANT'S CONTACT INFORMATION (PLEASE PRINT)**

NAME (LAST, FIRST, MIDDLE)

MALE/ FEMALE

MAIDEN NAME/ PREVIOUSLY MARRIED NAME

DATE OF BIRTH (MM/DD/YYYY)

SOCIAL SECURITY NUMBER

EMAIL ADDRESS

DAY PHONE NUMBER

CELL PHONE NUMBER

CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE)

**PRIOR OUT OF STATE ADDRESS ACKNOWLEDGMENT**

Please list all out of state addresses in which you have resided at within the last ten (10) years.  
Please include street, city, county, state, zip code, and year(s) of residency.

ADDRESS(s):

YEAR(s):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

ONE HARDING PLAZA, GLEN ROCK, NEW JERSEY 07452  
OFFICE NUMBER (201) 670-3951 • FAX NUMBER (201) 670-3959

# BOROUGH of GLEN ROCK

BERGEN COUNTY, NEW JERSEY



## REQUEST AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

I hereby authorize the D'Angelo Investigations, LLC, the Borough of Glen Rock, and/or its agents and employees to conduct a Prior Address Search and Criminal Report Search concerning my criminal history. By my signature below, I hereby release the D'Angelo Investigations, LLC, the Borough of Glen Rock, and any of its agents and employees, or any individual, company, corporation or institution, including but not limited to its officers and/ or employees from any and all liability for damages of any kind, which may result to me because of their compliance with this authorization.

NAME (FIRST, MIDDLE, LAST)



SIGNATURE

DATE

## CRIMINAL RECORD ACKNOWLEDGMENT

Please complete the below section and answer all questions to the best of your knowledge.

1. HAVE YOU EVER BEEN CONVICTED OF A CRIME IN ANY STATE?  YES  NO

▪ IF ANSWERED YES TO ABOVE QUESTION, PLEASE EXPLAIN BELOW.

2. DO YOU HAVE A VALID NEW JERSEY DRIVER'S LICENSE?  YES  NO

▪ IF ANSWERED YES TO ABOVE QUESTION, PLEASE INCLUDE THE FOLLOWING INFORMATION.

❖ DRIVER'S LICENSE NUMBER: \_\_\_\_\_

❖ DRIVER'S LICENSE EXPIRATION DATE: \_\_\_\_\_

PLEASE SEND FORMS TO

OFFICIAL USE ONLY

**BOROUGH OF GLEN ROCK**  
**DEPARTMENT OF PUBLIC WORKS**  
473 DOREMUS AVENUE  
GLEN ROCK, NJ 07452

**QUESTIONS?**  
DEPARTMENT OF PUBLIC WORKS  
PUBLICWORKS@GLENROCKNJ.NET

DATE

NUMBER

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