

**CITY OF ATLANTIC CITY
APPLICATION FOR EMPLOYMENT**

All applicants will be considered for employment without regard to race, religion, color, gender, national origin, age, marital or Veteran status, medical condition or handicap, or any other status protected by law. The City of Atlantic City is an Equal Opportunity Employer.

Personal Information (Please Print)

DATE: _____

Name _____ Soc. Sec. # _____
(Last Name, First Name & Middle Initial)

Address:

Street Address: _____

City, State & Zip: _____

Telephone No. _____ Referred By: () Ad () Friend or Relative () Walk-In

Driver's License No. _____ Date of Birth: _____

Are you over 18 years of age? () Yes () No (If NO, a work permit will be required.)

Are you legally eligible for permanent employment in the United States? _____ (If hired, verification will be required by law).

Position(s) applied for (1) _____ (2) _____

Have you worked for us before? _____. If YES, when? _____ Position _____

Date of Termination _____ Reason for Leaving _____

Indicate special qualifications or skills _____

EDUCATION

Name & Location of School	Course of Study	Years Completed	Did you graduate?
Elementary			
High School			
College	Major		
	Degree		
Other			

Are you employed at the present time? () Yes () No

Have you ever been bonded in prior employment? _____. If YES, list name(s) of employer(s)

PLEASE NOTE: APPLICATIONS WILL REMAIN ON FILE FOR ONLY ONE (1) YEAR FROM DATE OF APPLICATION IS FILED WITH HUMAN RESOURCES.

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PRIOR EMPLOYMENT (START WITH MOST RECENT EMPLOYER)

Employer	Phone Number	From :	To:
Address	City	State	Zip
Duties:		Supervisor:	
		Starting Wage/Salary:	
Reason for leaving:		Final Wage/Salary:	

Employer	Phone Number	From :	To:
Address	City	State	Zip
Duties:		Supervisor:	
		Starting Wage/Salary:	
Reason for leaving:		Final Wage/Salary:	

Employer	Phone Number	From :	To:
Address	City	State	Zip
Duties:		Supervisor:	
		Starting Wage/Salary:	
Reason for leaving:		Final Wage/Salary:	

Employer	Phone Number	From :	To:
Address	City	State	Zip
Duties:		Supervisor:	
		Starting Wage/Salary:	
Reason for leaving:		Final Wage/Salary:	

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MILITARY SERVICE

BRANCH OF SERVICE	FROM	TO	RANK & DUTIES	DATE OF DISCHARGE

PERSONAL REFERENCES

NAME	ADDRESS	YEARS KNOWN	TELEPHONE NO.

The above information is true and complete to the best of my knowledge. Should I be hired by the City of Atlantic City, any misrepresentation or false statement contained herein may be considered cause for dismissal. The City of Atlantic City has my permission to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to the City of Atlantic City.

I understand this application does not constitute an employment contract of any kind. Should I be employed by the City of Atlantic City, I may resign such employment at any time at my discretion with or without prior notice and the City of Atlantic City may terminate my employment at any time at their discretion, with or without cause and with or without prior notice pursuant to the rules and regulations established by the New Jersey Civil Service Commission.

Date: _____ **Signature of Applicant:** _____

DO NOT WRITE BELOW THIS LINE

SUMMARY OF INTERVIEW: _____

Accepted for employment () Yes () No Position: _____

Starting Rate \$ _____ per () Hour () Week Scheduled to start work: _____

Interviewed by: _____ Date: _____

Approved by: _____ Date: _____

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