

The College of New Jersey Employment Application

Date: _____

Name: _____
Last
First
Middle

Address: _____

City
State
Zip Code

Home Phone: (____) _____ Social Security #: _____

Position desired: _____

List previous employment at The College of New Jersey:

Title: _____ Dept.: _____ From: _____ To: _____

Education and Training

City State

Diploma/Degree Received

		Yes	No
High School Name			
Trade School Name			
College/Univ. Name			

Indicate relevant skills or qualifications (foreign language, computer skills etc.)

Employment Experience

(Include relevant military experience)

Job title:	Start Date:	End Date:
Employer:	Phone:	
Employer Address:		
Direct Supervisor:		
Description of duties:		
Reason for leaving:		

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Employer:	Phone:	
Employer Address:		
Direct Supervisor:		
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Employer:	Phone:	
Employer Address:		
Direct Supervisor:		
Description of duties:		
Reason for leaving:		

Do you have a valid driver's license? (Answer only if a requirement for position) Yes: ___ No: ___

If offered a position, will you undergo a physical examination by a physician chosen by the College? Yes: ___ No: ___

Are you able to perform all functions and duties of the position for which you are applying? Yes: ___ No: ___
If no, state reasons: _____

Have you ever been convicted of violating any law other than a minor traffic offense? Yes: ___ No: ___
The term "convicted" means a finding of guilt by a judge or jury, a plea of guilty, or a plea of no contest. A conviction record is not an absolute bar to employment, but it is evaluated in relation to the position for which you are applying.

If so please describe the violation.

Are you related to anyone currently employed by The College of New Jersey? ___ If so, please indicate name(s):

Are you currently authorized to work in the United States on a full-time basis for any employer? ___ If no, please explain your current immigration status below. If yes, will you require visa sponsorship now or in the near future in order to work for The College of New Jersey? ___

I have read and understand all questions and statements on this application.

Signature of Applicant

Date

I authorize the release of any pertinent information that The College of New Jersey may require in the selection process. I further authorize The College of New Jersey to contact all references, previous employers and supervisors listed above and/or on the attached resume or curriculum vitae. I understand that The College of New Jersey may conduct a criminal background investigation of candidates invited to interview for a vacancy. An offer of employment would be contingent upon the successful outcome of this investigation.

Signature of Applicant

Date

The Immigration Reform and Control Act of 1986 requires The College of New Jersey to certify the identity and employment authorization of all new employees, and those already employed whose employment authorization will expire. Therefore, if offered employment at The College of New Jersey, I agree to present documentation to establish my true identity and authorization to work and, if my employment authorization is scheduled to expire, I will present documentation to update and verify my eligibility.

I recognize that any offer of employment will be contingent upon my showing official written verification of my highest degree, trade license or certification. I further understand that a false statement on this application or accompanying resume or curriculum vitae is sufficient cause for denial of employment or immediate dismissal.

Signature of Applicant

Date

POLICY AGAINST DISCRIMINATION AND SEXUAL HARASSMENT

It is the policy of The College of New Jersey to provide equal opportunity in employment and education, as well as equity of conditions for employment and education, to all employees, applicants and students, without regard to race, color, creed, sex, ancestry, national origin, marital status, familial status, affectional or sexual orientation, age, disability, or liability for service in the Armed Forces of the United States.

Inquiries regarding compliance with Title IX of the Educational Amendments of 1972, Title VII of the 1964 Civil Rights Act, Age Discrimination in Employment Act and New Jersey Law Against Discrimination should be directed to the Equal Opportunity and Affirmative Action Office. (Administrative Services Building, Room 101, Phone 609-771-2623) Those inquiries regarding compliance with the Americans with Disabilities Act of 1990 or Section 504 of the Rehabilitation Act of 1973 should be addressed to the Office for Differing Abilities. (Harold W. Eickhoff Hall, Room 159, Phone 609-771-2571) Discrimination complaint procedures are available in both offices, in the Employee Handbook, Student Handbook, and the EO/AA Homepage.

The College of New Jersey
The Office of Human Resources
P.O. Box 7718
Ewing, NJ 08628

(609) 771-2282

website address: www.tcnj.edu