

MONTAGUE TOWNSHIP

277 CLOVE ROAD, MONTAGUE, NEW JERSEY 07827

www.montaguenj.org

Tel: 973-293-7300 | Fax: 973-293-7467



Municipal Employment Application

The Township of Montague is an equal opportunity employer and does not discriminate in employment practices on the basis of race, color, religion, creed, gender, age, national origin, disability, marital or veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by applicable law.

Position Information:

Position Applied For: _____

Date of Application: _____ / _____ / _____

Type of Position: ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal

Department (if known): _____ Desired Salary Range: _____

How did you hear about this opportunity?

☐ Municipal Website ☐ NJLM ☐ Referral ☐ Newspaper ☐ Other: _____

Personal Information:

Full Legal Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Are you 18 years of age or older? ☐ Yes ☐ No

Do you have a valid NJ driver's license? ☐ Yes ☐ No License Class: _____

Are you legally authorized to work in the U.S.? ☐ Yes ☐ No

Have you previously applied for municipal employment here? ☐ Yes ☐ No

If yes, when? _____

Have you ever been employed by the Municipality? ☐ Yes ☐ No

If yes, provide department and dates: _____

Are any relatives employed by the Municipality? ☐ Yes ☐ No

If yes, name and relationship: _____

Are you a current or former member of the U.S. Armed Forces? ☐ Yes ☐ No

If yes, are you claiming Veterans' Preference under NJ law? ☐ Yes ☐ No (Attach DD-214 or proof.)

Availability:

Date available to begin work: ____ / ____ / ____

Are you available for shift work, weekends, or evenings if required? ☐ Yes ☐ NoAre you willing to travel locally for work purposes? ☐ Yes ☐ No**Education:**

Education	Name and Location of School	Course of Study	Years Completed	Diploma/Degree Received
High School				
College/ University				
Other				
Other				

Work Experience:

Current Employment	Dates Employed	
Employer	From	To
Address	Brief Description of Duties	
Phone Number		
Position/Title		
Supervisor		
Reason for Leaving		
May we contact your previous supervisor for a reference? ☐ Yes ☐ No		

Previous Employment	Dates Employed	
Employer	From	To
Address	Brief Description of Duties	
Phone Number		
Position/Title		
Supervisor		
Reason for Leaving		
May we contact your previous supervisor for a reference? ☐ Yes ☐ No		

Previous Employment	Dates Employed	
Employer	From	To
Address	Brief Description of Duties	
Phone Number		
Position/Title		
Supervisor		
Reason for Leaving		
May we contact your previous supervisor for a reference? ☐ Yes ☐ No		

Previous Employment		Dates Employed	
Employer		From	To
Address		Brief Description of Duties	
Phone Number			
Position/Title			
Supervisor			
Reason for Leaving			
May we contact your previous supervisor for a reference? ☐ Yes ☐ No			

Licenses / Certifications:

List relevant licenses/certifications (e.g., CDL, CPR, RMC):

Skills / Software / Equipment:

(e.g., Microsoft Office, Edmunds, GIS, heavy equipment):

References:

Name: _____	Relationship: _____
Phone: _____	Email: _____

Name: _____	Relationship: _____
Phone: _____	Email: _____

Name: _____	Relationship: _____
Phone: _____	Email: _____

Legal Eligibility for Public Employment

Under N.J.S.A. 2C:51-2, individuals convicted of certain crimes may be disqualified from holding public office or employment in New Jersey.

- Are you currently disqualified from public employment due to a criminal conviction to which N.J.S.A. 2C:51-2(d) applies? ☐ Yes ☐ No

If yes, please explain (attach additional information if necessary):

****Note**:** A "yes" response does not automatically disqualify you from employment, but further review in accordance with applicable state law may be required.

Applicant Certification and Acknowledgment

I certify that the information provided in this application is true and complete to the best of my knowledge. I authorize the Township of Montague to verify all the information provided and to conduct a background check as necessary. I understand that any false statements, omissions, or misrepresentations may result in the rejection of my application or termination of employment.

I acknowledge that, if hired, employment with the Township is at-will, and that the Township of Montague may terminate me at any time in accordance with its established policies and procedures, with or without cause and with or without notice, except as may be provided by law or by applicable labor contract.

Signature of Applicant: _____ Date: ____ / ____ / ____