



# SALEM COUNTY IMPROVEMENT AUTHORITY

286 Welchville, PO Box 890, Alloway, NJ 08001

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www.scianj.com



## APPLICATION FOR EMPLOYMENT

Please print all information and answer every question.

### PERSONAL INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Cell Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_\_ If hired, you will be required to submit proof of age.

When can you start? \_\_\_\_\_ How were you referred to us? \_\_\_\_\_

Have you worked here or applied here before? \_\_\_\_\_ If so, when? \_\_\_\_\_

Are you able, at the time of employment, to submit verification of your legal right to work in the U.S.?  
(Verification and completion of Form I-9 must be submitted no later than three business days after date of hire.) \_\_\_\_\_ YES \_\_\_\_\_ NO

### POSITION DESIRED

Position Title: \_\_\_\_\_

Circle One: FULL-TIME PART-TIME EITHER

Hours Available: \_\_\_\_\_ Salary/Pay Rate desired: \_\_\_\_\_

### EDUCATIONAL BACKGROUND

	Name and Location	Degree or Diploma Obtained	Subject Area	Dates
High School or GED				
Vocational Training				
College or University				

## EMPLOYMENT EXPERIENCE

List all of your current and previous positions (paid and unpaid) in chronological order starting with the most recent. Please complete this section and attach additional sheets as needed even if you submit a resume.

Date Mo./Yr.	Name, Address & Phone Number of Employer	Position	Name of Supervisor	Reason for leaving
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## REFERENCES

Give three or more references who can attest to your character, personality and work history. Individuals with no prior work experience may list school or volunteer-related references. ***Do not include family members or supervisors listed above.***

Name and Position	Address	Telephone Number

Have you worked or attended school under any other name? \_\_\_\_\_

## OTHER QUESTIONS

1. If hired, are you willing to submit to and pass a controlled substance test? \_\_\_\_\_ YES \_\_\_\_\_ NO

2. Do you possess a current driver's license? \_\_\_\_\_ YES \_\_\_\_\_ NO

3. Do you possess a current commercial driver's license? \_\_\_\_\_ YES \_\_\_\_\_ NO

Please list any and all endorsements/restrictions on your driver's license: \_\_\_\_\_  
\_\_\_\_\_

4. Can you provide a copy of your driver's abstract which is no more than 60 days old? \_\_\_\_\_ YES \_\_\_\_\_ NO  
(If no, the Salem County Improvement Authority shall obtain one.)

5. Do you possess a current proof of vehicle insurance? \_\_\_\_\_ YES \_\_\_\_\_ NO

If no, please describe why you do not possess a current proof of vehicle insurance. \_\_\_\_\_  
\_\_\_\_\_

6. Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation? \_\_\_\_\_ YES \_\_\_\_\_ NO

If no, describe the functions that cannot be performed. \_\_\_\_\_  
\_\_\_\_\_

(Note: The Salem County Improvement Authority complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/ employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

7. Do you speak, write or understand any foreign languages? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, describe which language(s) and how fluent of a speaker you consider yourself to be. \_\_\_\_\_  
\_\_\_\_\_

8. Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

9. Are you retired from one of the New Jersey State- administered retirement systems? \_\_\_\_\_ YES \_\_\_\_\_ NO

(If yes, you will be required to complete the "Notification of Employment after Retirement" form within 15 days, if hired.)

**An Equal Opportunity Employer**

The Salem County Improvement Authority is an Equal Opportunity Employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

**APPLICANT'S DECLARATION, AUTHORIZATION AND RELEASE**

My answers on this application and on any resume or other documentations I provide are complete and true. I understand that the submission of any false or incomplete information in connection with my application whether on this or other documents or in interviews, will be cause for the rejection of my application or the termination of my employment at any time. I authorize the Employer and its agents to verify any information related to my application or resume. I also authorize and direct individuals, schools, employers, and law enforcement or government officials to freely provide any information concerning my background, and hereby release any and all of them from any liability for doing so. I understand that this application is not a contract, offer or promise of employment. If I am employed, I understand that I will be employed on an at-will basis for an indefinite period of time and that my employer may terminate my employment at any time and for any reason.

I further understand that I am responsible for being familiar with the SCIA policies, rules and regulations, and I understand that SCIA has complete discretion to modify its policies, rules, regulations and practices at any time, to the extent permitted by federal, state and local law, except that it will not modify its policy of employment at will. By my continued employment with SCIA, I consent to any such charges.

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*