

# *The Parking Authority of the Township of Bloomfield*

*230 Broad St., Bloomfield, New Jersey 07003*

Phone (973) 680-8960  
Fax (973) 680-8882

## **Application for Employment Pre-Employment Questionnaire**

### **Personal Information**

Last Name	First Name	MI	Social Security Number
Present Address	Town	State	Zip
Permanent Address	Town	State	Zip
Home Telephone Number	Secondary Telephone Number	Are you over 18 years of age?	

### **Desired Employment**

Position	Date you can start	Salary desired
Are you Employed now? ( ) Yes ( ) No	May we inquire to your present employer? ( ) Yes ( ) No	Have you ever applied for employment with the Bloomfield Parking Auth. before? ( ) Yes ( ) No
State the date you last applied for employment with the Bloomfield Parking Authority	What position(s) did you apply for then?	

### **Education and Skills**

School Level	Name and Address of School	Years Attended	Did you Graduate?	Degree/License
Grammar School				
High School				
College				
Trade School Business School				



Address:				
Town	State	Zip	Phone	
Starting Date				
Leaving Date	Job Title		Salary	
Description of Work				
Reason for leaving				

**Professional References**

Below, provide the name of three people you are not related, to whom you have known at least one year, and worked with previously.

Name	Address	Telephone Number	Business	Years known
1.				
2.				
3.				

AUTHORIZATION

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM SAME.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE PARKING AUTHORITY OF THE TOWNSHIP OF BLOOMFIELD HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY THE AUTHORIZED REPRESENTATIVE."

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

I CERTIFY THAT THE FACTS AND INFORMATION CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, ANY FALSE STATEMENTS OR OMISSION OF INFORMATION IN THE APPLICATION WILL BE SUFFICIENT CAUSE FOR DISQUALIFYING MY APPLICATION FROM CONSIDERATION OR MAY BE GROUNDS FOR DISMISSAL IF HIRED.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

### Former Employers

List below last four employers, starting with the most recent one first.

Name of present or last employer:

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Address:	Town	State	Zip	Phone
Starting Date	Leaving Date	Job Title		Salary
Description of Work				
Reason for leaving				

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Name of present or last employer:

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Address:	Town	State	Zip	Phone
Starting Date	Leaving Date	Job Title		Salary
Description of Work				
Reason for leaving				

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Name of present or last employer:

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Address:	Town	State	Zip	Phone
Starting Date	Leaving Date	Job Title		Salary
Description of Work				
Reason for leaving				

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Address:	Town	State	Zip	Phone
Starting Date	Leaving Date	Job Title		Salary
Description of Work				
Reason for leaving				

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