





# BOROUGH OF CARTERET

*The Borough of Carteret prohibits smoking in all Borough buildings, facilities as well as Borough owned vehicles.*

Do you have any mental, medical impairment or disability which might limit your ability to perform job-related duties?

Yes

No

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

\_\_\_\_\_

Are you a Veteran?

Yes

No

Serial No. \_\_\_\_\_

If yes, what branch of military service? \_\_\_\_\_

### Please provide three references not related to you

Name	Address	City, State, Zip	Phone	Email

### Education

What is the highest year of school completed? \_\_\_\_\_

Describe specialized training, qualifications, apprenticeship, skills from previous employment or experience, and extracurricular activities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Memorial Municipal Building ● 61 Cooke Avenue ● Carteret, New Jersey 07008

Tel: 732-541-3801 ● Fax: 732-541-4989 ● Email: [mayorsoffice@carteret.net](mailto:mayorsoffice@carteret.net)

[www.Carteret.net](http://www.Carteret.net) ● [Facebook.com/MyCarteret](https://www.facebook.com/MyCarteret) ● [Twitter.com/MyCarteret](https://twitter.com/MyCarteret) ● [Instagram.com/MyCarteret](https://www.instagram.com/MyCarteret)



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List each job held. Start with your present or most recent job. Include military service assignments and volunteer activities.

1	Employer	Dates		Job Duties
		From	To	
	Address			
	Job Title			
	Supervisor			
	Reason for Leaving			

2	Employer	Dates		Job Duties
		From	To	
	Address			
	Job Title			
	Supervisor			
	Reason for Leaving			

3	Employer	Dates		Job Duties
		From	To	
	Address			
	Job Title			
	Supervisor			
	Reason for Leaving			



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## AGREEMENT

I certify that answers given within are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at employment decision. I hereby release employers, schools or persons in connection with my application.

In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Borough of Carteret.

In consideration of my employment, I agree my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of the Borough of Carteret.

I also understand that a valid New Jersey Driver's License is a condition of employment with the Borough of Carteret. Loss of driving privileges can result in termination of employment.

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Signature of Applicant

Date

Please print and sign this application after completing and fax it to the Borough of Carteret Human Resources Department at 732-541-4989.

Alternatively, you may mail it to:

Borough of Carteret  
61 Cooke Ave  
Carteret, NJ 07008  
Attn: Human Resources

Please include a copy of your resume.