



EMPLOYMENT APPLICATION

BOROUGH OF WALDWICK
63 FRANKLIN TURNPIKE
WALDWICK, NEW JERSEY 07463
201-652-5300 201-652-4143 (FAX)

POSITION FOR WHICH YOU ARE APPLYING: _____

APPLICANT INFORMATION

Name (Last,First,Middle): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (daytime): () _____ Phone (home): () _____

Social Security #: _____

Are you legally eligible to work in the United States of America? Yes No
(In accordance with Federal Law, proof of eligibility for United States employment will be required if you are hired.)

Have you ever been employed by the Borough of Waldwick? Yes No

Give the name of any of your relatives (by blood or marriage) who currently works for the Borough of Waldwick: _____

Are you related to any member of the Waldwick Mayor and Council? Yes No
If yes, please give the name of the Council Member that you are related to: _____

EDUCATION

Did you graduate from high school? Yes No

If no, do you have a GED? Yes No

Colleges or Universities	City/State/County	Major	Total Earned Credits	Degree received (AA,BS,MBA, etc.)

Trade or Other Special Schools	Name of Course or Training	Completed Satisfactorily?	
		Yes	No
		Yes	No
		Yes	No
		Yes	No

List any licenses or certificates that are related to the position you seek:

List any of your professional, trade, business, or civic activities that relate to the position you seek (if you prefer, do not need to list any activities that might indicate race, color, religion, gender, marital status, national origin, age, or disability).

DRIVER'S LICENSE

Please list the state where you are licensed: _____

Driver's license #: _____

If a Commercial Driver's license is required for this position, do you possess a valid NJ CDL? Yes No

If yes, give # and class of license: _____

List license restrictions other than eye glasses: _____

EMPLOYMENT HISTORY

Begin with your current or most recent position, and go back at least 10 years, if applicable. Show all employers and explain any gaps in employment. Include all paid and unpaid experience you think qualifies you for this position. Also include any military service. Use additional sheets, if needed, to show full employment history.

Dates of employment (month/year)	Title	Hrs/week	Starting rate: Ending rate:
Employer's name:	Employer's address (include town, state, ZIP)		
Name & title of immediate supervisor		Supervisor's phone	
May we contact supervisor? <input type="checkbox"/> YES <input checked="" type="checkbox"/> LATER <input type="checkbox"/> NO			
Reason for leaving position			
Describe your duties:			

Dates of employment (month/year)	Title	Hrs/week	Starting rate: Ending rate:
Employer's name:	Employer's address (include town, state, ZIP)		
Name & title of immediate supervisor		Supervisor's phone	
May we contact supervisor? <input type="checkbox"/> YES <input checked="" type="checkbox"/> LATER <input type="checkbox"/> NO			
Reason for leaving position			
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Employer's name:	Employer's address (include town, state, ZIP)		
Name & title of immediate supervisor		Supervisor's phone	
May we contact supervisor? <input type="checkbox"/> YES <input checked="" type="checkbox"/> LATER <input type="checkbox"/> NO			
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Employer's name	Employer's address (include town, state, ZIP)		
Name & title of immediate supervisor	Supervisor's phone		
May we contact supervisor?	<input type="checkbox"/> YES <input type="checkbox"/> LATER <input type="checkbox"/> NO		
Reason for leaving position			
Describe your duties:			

Dates of employment (month/year)	Title	Hrs/week	Starting rate: Ending rate:
Employer's name	Employer's address (include town, state, ZIP)		
Name & title of immediate supervisor	Supervisor's phone		
May we contact supervisor?	<input type="checkbox"/> YES <input type="checkbox"/> LATER <input type="checkbox"/> NO		
Reason for leaving position			
Describe your duties:			

Dates of employment (month/year)	Title	Hrs/week	Starting rate: Ending rate:
Employer's name	Employer's address (include town, state, ZIP)		
Name & title of immediate supervisor	Supervisor's phone		
May we contact supervisor?	<input type="checkbox"/> YES <input type="checkbox"/> LATER <input type="checkbox"/> NO		
Reason for leaving position			
Describe your duties:			

SPECIAL SKILLS & EXPERIENCE

List any special skills, computer knowledge, training, licenses, certifications, languages you speak/read/write, or other factors that make you especially qualified for the position you are applying.

COMMENTS & ADDITIONAL INFORMATION

Is there any additional information about you we should consider?

REFERENCES

Please provide the names and telephone numbers of three people whom we may contact. They should not be relatives or former supervisors. You may include coworkers and professional colleagues.

Name	Phone Number	Years Known

UNDERSTANDINGS & AGREEMENTS

As an applicant for a position with the Borough of Waldwick, I understand and agree that I must provide truthful and accurate information in this application and on any supplementary material submitted with this application. I understand that my application may be rejected if any information is not complete, true and accurate. If hired, I understand that I may be separated from employment if the Borough later discovers that information on the form was incomplete, untrue or inaccurate.

Authorization to Release Information: I give the Borough of Waldwick the right to investigate the information I have provided and to contact former employers (except where I have indicated they may not be contacted). I give the Borough the right to secure additional job-related information about me. I release the Borough of Waldwick, its representatives, and all persons and organizations from which it seeks information about me from all claims and liability arising out of the Borough's investigation or from supplying accurate information about me. I release from all claims and liability anyone who provides the Borough of Waldwick with job-related information about me. I agree that a photocopy of this signed form may be used in place of the original.

I understand that the Borough of Waldwick is an equal-opportunity employer and does not discriminate in its hiring or other personnel practices. I understand that the Borough will make reasonable accommodations as required by Federal and/or State law.

I understand that, if employed, I will be an employee at will. Accordingly, I may resign at any time and the Borough may discharge me at any time for any reason or for no reason at all. No Borough representative may make any assurances to the contrary.

I understand that I must submit proof of U.S. citizenship or the legal right to work in the U.S. if I am hired. I also understand that I may be required to pass a pre-employment drug test, medical examination, physical examination, psychological test, and/or other tests relevant to the position I seek. I also understand that some positions involving public safety, public works, and access to confidential information may also involve complete background and criminal checks.

Applicant Signature:

Date:

Form W-4 (2004)

Purpose. Complete Form W-4 so that your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2004 expires February 16, 2005. See Pub. 505, Tax Withholding and Estimated Tax.

Note: You cannot claim exemption from withholding if: (a) your income exceeds \$800 and includes more than \$250 of unearned income (e.g., interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 adjust your withholding allowances based on itemized

deductions, certain credits, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 918, How Do I Adjust My Tax Withholding? for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 918 to see how the dollar amount you are having withheld compares to your projected total tax for 2004. See Pub. 918, especially if your earnings exceed \$125,000 (Single) or \$175,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent A _____

B Enter "1" if:
 • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. B _____

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) C _____

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D _____

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) E _____

F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit F _____

(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit):
 • If your total income will be less than \$52,000 (\$77,000 if married), enter "2" for each eligible child.
 • If your total income will be between \$52,000 and \$84,000 (\$77,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have four or more eligible children. G _____

H Add lines A through G and enter total here. Note: This may be different from the number of exemptions you claim on your tax return.
 For accuracy, complete all worksheets that apply.
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
 • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$35,000 (\$25,000 if married) see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. H _____

Get here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4		Employee's Withholding Allowance Certificate		OMB No. 1545-0010
Department of the Treasury Internal Revenue Service		Your employer must send a copy of this form to the IRS if: (a) you claim more than 10 allowances or (b) you claim "Exempt" and your wages are normally more than \$200 per week.		2004
1 Type or print your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6		\$
7 I claim exemption from withholding for 2004, and I certify that I meet both of the following conditions for exemption: • Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability and • This year I expect a refund of all Federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		7		
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.				
Employee's signature (Form is not valid unless you sign it.)		Date		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

EMPLOYMENT ELIGIBILITY VERIFICATION (Form I-9)

1. EMPLOYEE INFORMATION AND VERIFICATION: (To be completed and signed by employee.)

Name: (Print or Type) Last	First	Middle	Birth Name
Address: Street Name and Number	City	State	ZIP Code
Date of Birth (Month Day Year)		Social Security Number	

I attest, under penalty of perjury, that I am (check a box):

- 1. A citizen or national of the United States.
- 2. An alien lawfully admitted for permanent residence (Alien Number A _____).
- 3. An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A _____ or Admission Number _____, expiration of employment authorization, if any _____).

I attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

Signature	Date (Month Day Year)
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PREPARER/TRANSLATOR CERTIFICATION (To be completed if prepared by person other than the employee. I attest, under penalty of perjury, that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.)

Signature	Name (Print or Type)
Address (Street Name and Number)	City State Zip Code

2. EMPLOYER REVIEW AND VERIFICATION: (To be completed and signed by employer.)

Instructions:

Examine one document from List A and check the appropriate box. OR examine one document from List B and one from List C and check the appropriate boxes. Provide the *Document Identification Number* and *Expiration Date* for the document checked.

List A
Documents that Establish
Identity and Employment Eligibility

- 1. United States Passport
- 2. Certificate of United States Citizenship
- 3. Certificate of Naturalization
- 4. Unexpired foreign passport with attached Employment Authorization
- 5. Alien Registration Card with photograph

Document Identification

Expiration Date (if any)

List B
Documents that Establish
Identity

- 1. A State-issued driver's license or a State-issued I.D. card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes. (Specify State) _____
- 2. U.S. Military Card
- 3. Other (Specify document and issuing authority) _____

Document Identification

Expiration Date (if any)

List C
Documents that Establish
Employment Eligibility

- 1. Original Social Security Number Card (other than a card stating it is not valid for employment)
- 2. A birth certificate issued by State, county, or municipal authority bearing a seal or other certification
- 3. Unexpired INS Employment Authorization. Specify form # _____

Document Identification

Expiration Date (if any)

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine and relate to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.

Signature	Name (Print or Type)	Title
Employer Name	Address	Date

CERTIFICATIONS

NAME _____

LIFEGUARD/FIRST AID

CPR

OTHER