



New Jersey Technology Student Association  
The College of New Jersey  
Armstrong Hall 103  
2000 Pennington Road  
PO Box 7718  
Ewing, NJ 08628-0718

## **2011 Application for Employment**

*Application must be typed or printed clearly in blue or black ink. Please complete all questions to the best of your abilities.*

**Please complete all sections that apply:**

**NAME:** \_\_\_\_\_ **APPLICATION DATE:** \_\_\_\_\_

**ADDRESS:**

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**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**REQUESTED POSITION:** \_\_\_\_\_

**AVAILABILITY:**

No Preference: \_\_\_\_\_ Thursday: \_\_\_\_\_

Monday: \_\_\_\_\_ Friday: \_\_\_\_\_

Tuesday: \_\_\_\_\_ Saturday: \_\_\_\_\_

Wednesday: \_\_\_\_\_ Sunday: \_\_\_\_\_

**How many hours can you work weekly?** \_\_\_\_\_

**Can you work nights?** YES \_\_\_\_\_ NO \_\_\_\_\_

**Anticipated start date:** \_\_\_\_\_

**Employment desired:**

FULL TIME ONLY \_\_\_\_\_

PART TIME ONLY \_\_\_\_\_

FULL or PART TIME \_\_\_\_\_

**REFERENCES:**

Name & relationship to you	Address, Phone #, Email (if avail.)	Type of Reference (Personal or Professional)

**EMPLOYMENT HISTORY:** Include Present or Last Position(s)

Dates of Employment		Name and Address of Employer	Reason for Leaving	Supervisor Name & Title
End Date	Start Date			
Describe in detail the duties you performed:				
Dates of Employment		Name and Address of Employer	Reason for Leaving	Supervisor Name & Title
End Date	Start Date			
Describe in detail the duties you performed:				

**EDUCATION:**

Name and address of school	Degree/Diploma/Certificate	Graduation Date

Please use the space below to summarize any additional information to help describe your qualifications, talents, awards or specific involvement (such as clubs or organizations) related to the position in which you are applying.

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Are you 18 years of age or older? Yes\_\_\_\_ No\_\_\_\_

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature: \_\_\_\_\_

**Office Use Only**

Application Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: