

City of Cape May – Employment Application

643 Washington Street
Cape May, NJ 08204
609-884-9536

Send applications to employment@capemaycity.com



APPLICANT INFORMATION

Last Name				First				M.I.	Date			
Street Address								Apartment/Unit #				
City				State				ZIP				
Phone				E-mail Address								
Date Available							Desired Salary					
Position Applied for								Are you currently disqualified from public employment due to a criminal conviction for which N.J.S.A. 2C:51-2.d applies? YES NO				
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?					YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever worked for the City?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?									
If related to a current employee please state name and department.												
Are you currently enrolled in, or are you receiving benefits from any state administered pension plan? If yes, list name of plan.												

EDUCATION

High School				Address								
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College				Address								
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other				Address								
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					

REFERENCES

Please list three professional references.

Full Name				Relationship							
Company				Phone							
Address											
Full Name				Relationship							
Company				Phone							
Address											
Full Name				Relationship							
Company				Phone							
Address											

The City of Cape May is an Equal Opportunity Employer

PREVIOUS EMPLOYMENT *Please list 3 most recent positions. If applicable, please provide full employment background on resume.*

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

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