



- FULL-TIME
 PART-TIME

DIVISION OF HUMAN RESOURCES • MONTCLAIR • NEW JERSEY 07043

EMPLOYMENT APPLICATION

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Business Phone	Date Available	Available for Full- time work? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, what hours can you work?	
Position Applied for			
Are you of legal age to work?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you in the U.S. on a visa which prohibits you from working here?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever applied for employment at MSU?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please indicate month and year	
Do you have a valid NJ Driver's License?	YES <input type="checkbox"/> NO <input type="checkbox"/> (Answer only if License needed for desired position)		

EDUCATION			
High School/ GED	Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Diploma/ Degree
College	Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Diploma/ Degree
Business/ Trade	Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Diploma/ Degree

AVAILABILITY (PLEASE CHECK EACH WORK SHIFT FOR WHICH YOU ARE AVAILABLE) <input type="checkbox"/> DAY SHIFT <input type="checkbox"/> EVENING SHIFT <input type="checkbox"/> MIDNIGHT SHIFT <input type="checkbox"/> WEEKENDS
Are you on a civil service list for this position? <input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about this opening? <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Newspaper <input type="checkbox"/> Other (List)
Have you ever worked for the state of New Jersey? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, location
Department Title
Are you a member of the NJ State Pension System? <input type="checkbox"/> Yes <input type="checkbox"/> No Pension #
Have you ever been convicted or plead guilty to a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any pending criminal charges? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explanation will be required at the interview stage
Please List any friends or relatives working at Montclair State University

May we contact your previous supervisors for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
PLEASE GIVE ACCURATE AND COMPLETE FULL-TIME AND PART-TIME EMPLOYMENT RECORD STARTING WITH PRESENT OR MOST RECENT EMPLOYER.			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Occupation			
From	To	Reason for Leaving	
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Occupation			
From	To	Reason for Leaving	
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Occupation			
From	To	Reason for Leaving	
Please list relevant skills, training, licenses or languages that have given you the knowledge and abilities for this position			

REFERENCES	
<i>Please indicate below the names of people not related to you who know your qualifications.</i>	
Full Name	Occupation
Address	Phone ()
Full Name	Occupation
Address	Phone ()
Full Name	Occupation
Address	Phone ()

PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY	
Name	Phone ()
Address	Relationship
I hereby certify that to the best of my knowledge and belief, there are no misrepresentations or falsifications in the information I provided on this application.	
Signature	Date



MONTCLAIR STATE
UNIVERSITY