



# **TOWNSHIP OF HANOVER**

**APPLICATION FOR EMPLOYMENT**

**CIVILIAN AND POLICE OFFICER JOB POSITIONS**

Before answering any questions, please read all directions and instructions carefully.

**Revised 03/20/15**

**TOWNSHIP OF HANOVER**  
Department Of Administration  
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P.O. BOX 250  
WHIPPANY, NJ 07981-0250



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**TOWNSHIP OF HANOVER  
EMPLOYMENT GUIDELINES FOR  
CIVILIAN AND POLICE OFFICER JOB POSITIONS**

**BEFORE COMPLETING THE ACCOMPANYING APPLICATION FOR EMPLOYMENT,  
PLEASE READ THE FOLLOWING INSTRUCTIONS AND STATEMENTS**

1. To be considered for employment, all questions on the application must be answered.
2. The application requires that you provide the Township with the names, addresses and telephone numbers of four (4) prior work related managers or supervisors who can verify prior employment and rate your performance.
3. The application process may require one or more interviews with Township officials.
4. An individual hired by the Township is required to complete a six (6) month probationary period for civilian positions and a twelve (12) month probationary period for law enforcement positions and attain a satisfactory job performance evaluation.
5. Individuals applying for clerical, accounting, secretarial and/or administrative positions may be required to take a one (1) hour written comprehensive skills test which includes punctuation, vocabulary, filing, reading skills, grammar and spelling. A five (5) minute typing test may also be required. You must advise the Township Administrator, within three (3) business days upon submission of this application, if, as a result of a disability, you will need a reasonable accommodation in taking the tests.
6. Individuals applying for Public Works Department positions are advised that a Commercial Driver License (CDL) is a pre-requisite. A Class "A" or Class "B" CDL is required.

7. In accordance with the Federal Guidelines dealing with the "American's With Disabilities Act", the Township may inquire about whether you need reasonable accommodation if a prospective employee voluntarily discloses a condition, displays an obvious need for a reasonable accommodation, or after a conditional offer of employment has been extended.

8. Depending on the position you are applying for, the Township's offer of employment to you may also be conditioned upon the results of a post-offer physical and/or psychological examination, and upon drug and alcohol testing. The Township reserves the right to withdraw the conditional job offer and reject employment if the medical examinations determine that the job functions of this position cannot be performed even with reasonable accommodations.

9. Depending on the position you are applying for, and in particular, for any individual who will be involved in the operation of power equipment and/or any machinery or equipment which could pose a threat to other employees or to the prospective employee if misused, your offer of employment may also be conditioned upon the results of drug and alcohol testing. In compliance with the Hanover Township Employee Drug Screening Policy and Procedures, applicants receiving conditional offers of employment are also required to take a pre-employment urine analysis. A pre-employment drug screening test is required of any individual who will be involved in the operation of power equipment and/or any machinery or equipment which could pose a threat to other employees or to the prospective employee if misused. No applicant applying for a safety sensitive position who refuses to be tested shall be extended an offer of employment. The Township reserves the right to withdraw a conditional job offer if the prospective employee receives a positive drug test result.

10. In accordance with the Civil Rights Act of 1964, and regulations governing affirmative action, equal employment opportunity and the Federal American's With Disability Act of 1990, the Township prohibits discrimination in employment and ensures that all applicants are recruited, employed and treated without regard to their age, race, color, creed, national origin, religion, ancestry, marital or veteran status, sex, affectional or sexual orientation or the presence of a non-job related medical condition or disability or any other legally protected status.

11. Your application for employment shall be considered active for a period of time not to exceed forty-five (45) calendar days. Any applicant wishing to be considered for employment beyond this time period should ask the Township Administrator as to whether or not applications will be accepted at that time.

12. Applicants must sign an Acknowledgement Statement on page one (1) of the application which indicates that the applicant understands that, unless otherwise defined by law, any employment relationship with the Township is of an "at will" status. This means that the employee has the right to resign at any time, and that the employer, that is, the Township of Hanover, may discharge an employee at any time with or without cause. The "at will" employment relationship may not be changed by any written document, or by conduct unless such change is specifically authorized in writing by resolution of the Township Committee.

13. False or misleading information or the submission of any false or misleading documents provided in or with the application, or as part of any interview, may result in the discharge of the person should he/she be employed by the Township.

14. Prospective employees are also required to conduct themselves in a professional and courtesy manner in their relationships with other employees and especially the public which they serve. Employees shall comply with all the rules, regulations and ordinances of the Township.

**SHOULD YOU HAVE ANY QUESTIONS OR REQUIRE A CLARIFICATION OF ANY ITEM, PLEASE ASK BEFORE SIGNING THIS DOCUMENT**

I \_\_\_\_\_, DO HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ALL OF THE INSTRUCTIONS AND STATEMENTS SET FORTH ABOVE.

RETURN THIS SIGNED FORM WITH THE FULLY COMPLETED AND SIGNED APPLICATION. A COPY OF THIS FORM WILL BE GIVEN TO YOU IF YOU LIKE.

**TOWNSHIP OF HANOVER  
APPLICATION FOR EMPLOYMENT**

**ACKNOWLEDGEMENT STATEMENT AND WAIVER**

I certify that to the best of my knowledge, the information contained in this application and the answers given by me are true and complete. Furthermore, I give Hanover Township authorization to investigate all of the statements made in this application as may be necessary in arriving at a decision to employ me.

**I FULLY UNDERSTAND THAT NOTHING SET FORTH IN THIS EMPLOYMENT APPLICATION, OR IN THE GRANTING OF AN INTERVIEW(S) IS/ARE INTENDED TO CREATE AN EMPLOYMENT AGREEMENT BETWEEN MYSELF AND THE TOWNSHIP FOR EITHER EMPLOYMENT, OR THE PROVISION OF ANY BENEFITS. I ALSO ACKNOWLEDGE THAT UNLESS OTHERWISE DEFINED BY LAW, ANY EMPLOYMENT RELATIONSHIP WITH HANOVER TOWNSHIP IS CLASSIFIED AS AN "AT WILL" NATURE, WHICH MEANS THAT I MAY RESIGN AT ANY TIME AND THAT THE TOWNSHIP MAY DISCHARGE ME AS AN EMPLOYEE AT ANY TIME, WITH OR WITHOUT CAUSE. I UNDERSTAND THAT NO PROMISE, REPRESENTATION, OR AGREEMENT CONTRARY TO THE FOREGOING IS BINDING ON THE TOWNSHIP UNLESS IT IS AUTHORIZED BY WRITTEN RESOLUTION OF THE TOWNSHIP COMMITTEE.**

In the event I am employed by the Township, and it is discovered that I have provided false or misleading information on the application or in the interview(s), I may be liable to disciplinary action including termination. I further accept and acknowledge that I am required to abide by all the rules, regulations and ordinances of the Township should I be employed.

Pursuant to Federal Law, proof of U.S. Citizenship or authorization of work, will be required if you are hired. This is a condition of employment and will result in removal if such proof is not submitted within three (3) business days of the beginning date of employment.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date Signed

**PLEASE NOTE:** Your application for employment shall be considered active for a period of time not to exceed forty-five (45) calendar days. Any applicant wishing to be considered for employment beyond this time period should ask the Township Administrator's office as to whether or not applications will be accepted at that time.

Your interest for employment opportunities with the Township is appreciated.



Veteran of the U.S. military service?  Yes  No \_\_\_\_\_  
Branch

Have you filed an application here before?  Yes  No \_\_\_\_\_  
Give Date

Have you ever been employed here before?  Yes  No \_\_\_\_\_  
Give Date

Are you employed now:  Yes  No

If yes, may we contact your present employer?  Yes  No

Are you authorized to work in the United States?  Yes  No  
(Proof of citizenship or immigration status may be required upon employment.)

On what date would you be available for work? _____
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time
<input type="checkbox"/> Shift Work <input type="checkbox"/> Seasonal

Are you on a lay-off and subject to recall?  Yes  No

If required for the position of employment  
You are applying for, can you travel  
if this job requires it?  Yes  No

Any employee whose work requires the operation of Township vehicles must hold a valid New Jersey State Driver's License.

All new employees who will be assigned work entailing the operating of a Township vehicle will be required to submit to a motor vehicle commission driving records check as a condition of employment. A report indicating a suspended or revoked license status may be cause to deny or terminate employment.

If you are applying for a Department of Public Works position, do you possess a valid Commercial Driver License (CDL)?  Yes  No

Class A  or Class B

If yes, please State License No. \_\_\_\_\_.

Attached to this application is a job description describing the essential job functions of the position for which you are applying. After reviewing the job description, please state whether or not you would be able to perform all of the job functions listed.

Are you able to perform each of the essential job functions listed for this position with or without accommodation?  Yes  No

**EMPLOYMENT EXPERIENCE  
LIST YOUR MOST RECENT EMPLOYER FIRST**

Employer	Dates Employed		Work Performed
	From	To	
Address	Hourly Rate/Salary		
Telephone Number(s)	From	To	
Job Title	Supervisor		

Employer	Dates Employed		Work Performed
	From	To	
Address	Hourly Rate/Salary		
Telephone Number(s)	From	To	
Job Title	Supervisor		

Employer	Dates Employed		Work Performed
	From	To	
Address	Hourly Rate/Salary		
Telephone Number(s)	From	To	
Job Title	Supervisor		

**Special Skills and Qualifications**

Summarize special skills and qualifications acquired from employment or other experience.

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Have you ever had any job-related training in the United States military? [ ] Yes [ ] No

If yes, please describe:

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## PERSONAL REFERENCES

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  Friend  Relative  Co-Worker

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  Friend  Relative  Co-Worker

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  Friend  Relative  Co-Worker

State any additional information you feel may be helpful in considering your application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT REFERENCES**

Please provide the Township with the names, addresses and telephone numbers of four (4) prior work related managers or supervisors who can verify prior employment and rate your performance.

**LIST THE MOST RECENT EMPLOYER FIRST**

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Manager or Supervisor to Contact: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Manager or Supervisor to Contact: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Manager or Supervisor to Contact: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Manager or Supervisor to Contact: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_

## EDUCATION

### Elementary School

School Name & Location

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Describe Course of Study

Years Completed (circle): 4 5 6 7 8

### High School

School Name & Location

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Describe Course of Study

Years Completed (circle): 1 2 3 4

### Undergraduate College/University

School Name & Location

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Describe Course of Study

Years Completed (circle): 1 2 3 4

### Graduate/Professional

School Name & Location

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Describe Course of Study

Years Completed (circle): 1 2 3 4

**Education (continued)**

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

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Describe any honors you have received:

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State any additional information you feel may be helpful in considering your application.

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**CONSENT TO CONDUCT RECORDS CHECK**

Dear Prospective Employee:

As part of the Township of Hanover's overall review of your employment application, it may be necessary for the Hanover Township Police Department to conduct a records check. Therefore, please read the following statement carefully before it is signed.

I, \_\_\_\_\_, hereby give my consent to the Hanover Township Police Department to conduct a records check with local, county, state police, and the Federal Bureau of Investigation as part of my application for the position noted in this application. I further understand that this check includes a review of my driver's license record through the New Jersey Division of Motor Vehicles.

I also give my consent to any Police Department Record Bureau to forward a copy of any record that may exist against me or to notify the Township of Hanover that no record exists. I further understand that an offer of employment may be conditioned on the results of a medical examination.

I further understand that any records check or any review of past medical records shall be kept confidential and shall not be released to any other potential employer without my express written consent.

\_\_\_\_\_  
Applicant's Signature

Date: \_\_\_\_\_