City of Jersey City
Department of Administration
Division of Economic Opportunity
121-125 Newark Avenue
Jersey City, New Jersey 07302

Hon. Jerramiah Healy, Mayor
Brian O'Reilly, Bus. Administrator
Joseph Iwuala, Acting Director
Office: 201.547.5611
Fax: 201.547.5864

PROJECT EMPLOYMENT OPPORTUNITY APPLICATION

Date _____

Applicant Name _____ Soc. Sec. #_____
Last Name First

Address _____ Jersey City, New Jersey [zip code]_____

Tel. [201] _____ Best time to call _____ How long have you lived at this address? _____

Previous address: _____
Street City State/zip code

Do you have a valid driver's license? __Y __N Do you own a car? __ Y __ N Bi-Lingual? __ Specify _____

Martial Status: __ Single __ Married __ Separated __ Divorced __ Widow(er) Gender: __M __ F Date of Birth _____

Origin: _____ __US Citizen __ Have Green Card __ Have Working Papers __Working Papers

Have you ever been convicted of a felony? __ Y __ N Have you ever been bonded? __ Y __ N

Are you receiving Public Assistance? ___ Type _____ Case # _____

Position desired_____ Salary desired $_____

Date you will be available for employment _____ List your skills _____

_____

Former/Current Employer Name _____

Address _____Supervisor/ Phone #_____
Street City/State/zip code

Position _____ Salary $ _____ From _____ To _____

Are you currently employed? __ Y __ N Reason for leaving? __ Quit __ Fired __ Down-sized __ Closed

Do you have a High School Diploma? __ Name of High School _____

City/State _____

Have you attended College? __ Name of College/University _____

City/State_____

Designed/prepared: By D. Stembridge 1/14/2k5

City of Jersey City
Department of Administration
Division of Economic Opportunity
121-125 Newark Avenue
Jersey City, New Jersey 07302

Hon. Jerramiah Healy, Mayor
Brian O'Reilly, Bus. Administrator
Joseph Iwuala, Acting Director
Office: 201.547.5611
Fax: 201.547.5864

Are you now or have you ever been in __ Army __ Navy __ Air Force __ Marines __ Other _____

Rank _____ Service Date: From _____ To _____

Do you possess any certifications? __ Specify _____

_____

Reference: _____
Name Address/City/ State/zip code Phone #

Relationship to the above reference: _____

How long have you known each other? _____

Emergency contact name: _____ Phone # _____

Have you ever applied here before? _____ When? _____

_____

_____

FOR AGENCY USE ONLY

Comments:

_____

_____

_____

_____

Residency verified with: _____

_____

Interviewed by [please print] _____ Date:_____

Designed/Prepared by D. Stembridge 1/14/2k5