

EMPLOYMENT APPLICATION

PHILLIPSBURG HOUSING AUTHORITY

530 Heckman Street
Phillipsburg, NJ 08865

(PLEASE PRINT CLEARLY)

Phone #: (908) 859-0122
Fax #: (908) 454-8267

DATE: _____

Last Name	First Name	Middle Initial
Street Address	City	State Zip
Home Phone Number	Cell Phone Number	Social Security Number

Please indicate position/s applying for:

- Clerical
- Maintenance
- Administrative
- Seasonal Maintenance Clerical
- Other (Please specify: _____)

EDUCATION	Name and Address Of School	Course of Study	Years Completed	Diploma/ Degree
Elementary School				
High School				
Undergraduate College				
Trade/Business or Correspondence School				

Experience

Name & Address of Previous Employers	From	To	Position & Job Duties

WORKSHOPS/TRAININGS/ETC.

WORKSHOP/CLASS	Credits/Certificate	Issuing State	Date Issued

REFERENCES:

Name	Occupation	Address	Phone #

JOB SKILLS/QUALIFICATIONS: (Please list the skills and qualifications you possess for which position you are applying)

Have you ever been convicted of a crime in the State of New Jersey? Yes No

Have you ever been convicted of a crime any other state? Yes No

If the answer is yes, please explain on the reverse side of this sheet with full details.

MILITARY SERVICE

Have you ever served in the U.S. Armed Forces? Yes No

If yes, please list branch and dates of service: _____
BRANCH DATES OF SERVICE

Phillipsburg Housing Authority is an Equal Opportunity Employer. We comply with all State and Federal Laws.
Applicant's Statement

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any misrepresentation of information shall be sufficient cause for withdrawing of any offer of employment or termination of my employment.

 APPLICANT'S SIGNATURE

 DATE

HOUSING AUTHORITY OF THE TOWN OF PHILLIPSBURG
530 Heckman Street
Phillipsburg, New Jersey 08865 – 2624

Telephone (908) 859-0122 / Fax (908) 454-8267 / TDD (800) 852-7899

CONFIDENTIALITY AGREEMENT

This is to certify that I, _____, an Employee, Student, Volunteer or Board Member of [Housing Authority of the Town of Phillipsburg](#), understand that any information (written, verbal or other form) obtained during the performance of my duties must remain confidential. This includes all information about members, clients, families, employees and other associate organizations, as well as any other information otherwise marked or known to be confidential.

I understand that any unauthorized release or carelessness in the handling of this confidential information is considered a breach of the duty to maintain confidentiality.

I further understand that any breach of the duty to maintain confidentiality could be grounds for immediate dismissal and/or possible liability in any legal action arising from such breach.

Signature of Employee / Student / Volunteer / Board Member

Date

Signature of Staff Witness