

**Cinnaminson Township**  
1621 Riverton Road  
Cinnaminson, NJ 08077  
856-829-6000- (fax) 856-829-3361

**Employment Application**

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

**Application for:** Check box

- Public Works
- Secretary / Records Clerk/Crossing Guard *(Circle appropriate position)*
- Administrative Staff

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

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

How long at above residence: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If less than 10 years, former address: \_\_\_\_\_

Email Address: \_\_\_\_\_

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**Education**

Elementary School \_\_\_\_\_  
Name Address

High School \_\_\_\_\_  
Name Address

College (s) \_\_\_\_\_  
Name Address

Degree(s) \_\_\_\_\_ Total credits \_\_\_\_\_

Can you read, write and speak the English language fluently?  -yes  - no

Are you proficient with any other language? If so please specify \_\_\_\_\_

Do you have any other special skills you may feel pertinent? If so, please specify \_\_\_\_\_

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**Veterans**

Are you a veteran of the United States Military Forces?  -yes  - no

If yes, specify your Date of Entry \_\_\_\_\_ Date of Discharge \_\_\_\_\_



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**Consent, Waiver and Affidavit**

**Consent:**

I, \_\_\_\_\_ do hereby authorize, the members of the Township Committee, the Municipal Administrator, Municipal Clerk, Director of Public Safety and/or their designee's, any Municipal Employee, whether elected or appointed, to conduct a back ground investigation regarding this application, and to obtain, secure, photograph, duplicate, copy, review and release any and all records, information, data, etc., pertaining to me. Investigation(s) may include but not be limited to: any criminal records, arrest records, traffic records, educational records, and any and all other pertinent information.

**Waiver**

I hereby absolve and agree to hold harmless any and all persons, individuals, officials, employees assistants, agency bureau department, and/or institutions of the Township of Cinnaminson, any person(s) and/or individual(s) of any agency bureau, company, department, division, institution, etc., who furnishes or in any manner supplies said records, information, data, etc., to said Municipal Employee(s), Official(s), and/or Appointee(s), from any Liability of whatever nature and from any cause or action which might arise from said transaction(s)

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

**Affidavit**

I, \_\_\_\_\_ the herein mentioned applicant whose signature appears hereon, being at least eighteen (18) years of age swears (or affirms) that the answers and statement(s) contained hereon, are true in every details, to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of applicant

Any Attempt to falsify or mislead anyone, by knowingly submitting a false reply to the questions contained in this application, may be the basis for rejection of the applicant, and if hired, may be the basis for dismissal of said position.