



CITY OF PLAINFIELD

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
510 WATCHUNG AVENUE
PLAINFIELD, NEW JERSEY 07060



Rashara Fuller
Director

Adrian O. Mapp
Mayor

Dear Applicant:

On behalf of **Mayor Adrian Mapp** and the **City of Plainfield**, I would like to thank you for your interest in summer employment through the Mayor's Task Force on Youth and the Summer Youth Employment Program (SYEP). The SYEP is a six (6) week program from Wednesday, July 10, 2023, to Friday, August 18, 2023. *Summer youth employees are required to work the entire six (6) weeks.*

Interested individuals should complete the enclosed application, include the required supporting documentation, and forward it to the following address:

Plainfield Action Services
City Hall Annex, 1st Floor
510 Watchung Avenue
Plainfield, New Jersey 07060

If you are between **14 and 17 years old** you must take this application home and have your parent(s)/guardian complete the application and sign it where necessary. If you are selected for employment, you will need working papers. You may obtain them from your school guidance counselor OR at Plainfield Action Services.

If you are **18 or older**, you must complete the application and sign where applicable. Parent /guardian signature is not required and working papers are not needed.

A list of required documents is attached and has been developed to assist you with the application process. Be aware that there are **limited opportunities available** and your prompt attention to this matter will be greatly appreciated. Upon review of your completed application, an appointment may be scheduled to assist us with determining your eligibility.

- **APPLICATION DEADLINE FRIDAY MAY 26, 2023 at 3 pm.**

Should you have any questions, regarding the enclosed application, please do not hesitate to contact **PLAINFIELD ACTION SERVICES**, at (908) 753-3519 between the hours of 9:30 AM to 4:30 PM – Monday through Friday. **APPLICATIONS CAN ONLY BE SUBMITTED AT PLAINFIELD ACTION SERVICES.**

Sincerely,

Dr. Rashara Fuller,
Director

Phone: (908) 753-3519
Website: www.plainfieldnj.gov

ADULTS:	Yes	No	Comments
Employment Application (must be completed & signed)			REQUIRED FOR ALL NEW/ RE-HIRES
Resume* (optional)			
IMPORTANT TO COMPLETE: Employee Action Form (APPROVED & SIGNED) 2018 W-4 Form– (please elect allowances-if any)			MUST BE COMPLETED SECTION(S) I & III; SPECIFY # OF HRS PER WEEK; DURATION DATES – START & END DATE
I-9 Form – Completed (pages 7-9 only for processing)			Input Hire Date pg 8 – Certification Section -
I-9 Identification Accepted			(Please review page 9 for acceptable ID)
- USA Passport (no additional ID required if provided)			
- Picture Identification (No Expired ID's Accepted)			Government/State Issued ID
- Social Security Card & Birth Certificate			
Residency Affidavit			Signed & Completed to include Supervisor Signature
- Two (2) pieces of mailing with address/ Driver's License Acceptable			Any documentation with address listed

MINORS:	Yes	No	Comments
Item			
Employment Application (must be completed & signed)			REQUIRED FOR ALL NEW/ RE-HIRES
Working Papers – (Special School Program Form)			
Resume* (optional)			
IMPORTANT: Employee Action Form (APPROVED & SIGNED) 2018 W-4 Form– (please elect allowances-if any)			MUST BE COMPLETED SECTION(S) I & III; SPECIFY # OF HRS PER WEEK; DURATION DATES – START & END DATE
I-9 Form - Completed (pages 7-9 only for processing)			Input Hire Date pg. 8 – Certification Section -
I-9 Identification Accepted			(Please review page 9 for acceptable ID)
- USA Passport (no additional ID required if provided)			
- Picture Identification (No Expired ID's Accepted)			Government/State Issued ID
- Social Security Card & Birth Certificate			
- School ID/Report Card			
Residency Affidavit			Signed & Completed to include Supervisor Signature
- Two (2) pieces of mailing with address/ Driver's License Acceptable			Any documentation with address listed

Must Provide ORIGINAL Documents

1. Proof of age - birth certificate, alien card, driver license, baptismal certificate, or U.S. Passport.
2. Proof of Identity- school Identification, transcript, report card
3. Proof of residency - parent's latest telephone or electric bill, receipt, etc.
4. Proof of citizenship - alien registration I-94 card or Form I-151, birth certificate, baptismal certificate.
5. Selective Services Registration- males only- If 18 years or older and born after January 1, 1960, bring a letter or card from Selective Services.
6. Social Security card- must be original (Please make sure the card is signed).
7. Handicapped, classified youth must bring school letter identifying status, classification or doctors/DVR letter outlining the disability. (The applicant must still meet income eligibility).
7. Must bring some form(s) of family members ID - e.g. driver's license, Social Security card, birth certificate.
8. If under foster care, proof from the Division of Youth and Family Services.
9. Signed Affidavit of Residency (Attached)

Information provided is confidential and private. It will be used only to establish eligibility for this program.

Phone: (908) 753-3519

Website: www.plainfieldnj.gov



Application for Employment

City of Plainfield
Personnel Division

515 Watchung Avenue – 3rd Floor – Plainfield, NJ 07060

Phone: 908-753-3401 / www.plainfieldnj.gov

Please complete this application in ink. Read carefully before you sign this application. Application must be completed in full even if attaching a resume. Applications will be kept in active status for 60 days.

ALL APPLICANTS WILL RECEIVE CONSIDERATION FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, MARITAL STATUS, NATIONAL ORIGIN, VETERAN STATUS, PHYSICAL OR MENTAL DISABILITY, CIVIL UNION STATUS, GENDER IDENTITY OR EXPRESSION OR ANY OTHER PROTECTED CLASS UNDER STATE OR FEDERAL LAW.

DATE:		DATE AVAILABLE FOR WORK?	
TYPE OF WORK / POSITION DESIRED?		WAGE/SALARY DESIRED?	

PERSONAL INFORMATION

FULL LEGAL NAME	LAST NAME, FIRST NAME, MIDDLE INITIAL		
PRESENT ADDRESS	STREET, CITY, STATE, ZIP CODE		
TELEPHONE #	EMAIL ADDRESS	WHAT IS THE BEST WAY TO CONTACT YOU?	<input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL
IS THERE ANY INFORMATION WE WOULD NEED ABOUT YOUR NAME, OR USE OF ANOTHER NAME, FOR US TO BE ABLE TO CHECK YOUR WORK RECORD? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES" PLEASE SPECIFY:			
HOW WERE YOU REFERRED TO THE CITY OF PLAINFIELD? <input type="checkbox"/> CITY EMPLOYEE <input type="checkbox"/> JOB POSTING <input type="checkbox"/> CITY OF PLAINFIELD'S WEBSITE <input type="checkbox"/> STATE UNEMPLOYMENT OFFICE <input type="checkbox"/> OTHER WEBSITE (LIST): _____ <input type="checkbox"/> SCHOOL (LIST) _____ <input type="checkbox"/> OTHER (LIST) _____			
HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF PLAINFIELD BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" LIST DATE(S), JOB TITLE AND SUPERVISOR:			
LIST ANY RELATIVES EMPLOYED BY THE CITY OF PLAINFIELD:			
ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YOU ARE UNDER AGE 18, CAN YOU SUPPLY WORKING PAPERS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE YOU ELIGIBLE TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, UPON EMPLOYMENT YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO WORK IN THE UNITED STATES.			
HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, PLEASE EXPLAIN:			

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

PLEASE EXCLUDE ANY ORGANIZATION WHICH INDICATES RACE, COLOR, RELIGION, NATIONAL ORIGIN, GENDER, DISABILITY OR OTHER PROTECTED STATUS.

PLEASE LIST ANY OTHER EXPERIENCE, SKILLS, OR OTHER QUALIFICATIONS, WHICH ARE RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING.

PERSONAL OR BUSINESS REFERENCES

DO NOT INCLUDE RELATIVES

1	NAME	PHONE NUMBER
	ADDRESS	CITY AND STATE, ZIP CODE
	HOW LONG KNOWN?	RELATIONSHIP
2	NAME	PHONE NUMBER
	ADDRESS	CITY AND STATE, ZIP CODE
	HOW LONG KNOWN?	RELATIONSHIP
3	NAME	PHONE NUMBER
	ADDRESS	CITY AND STATE, ZIP CODE
	HOW LONG KNOWN?	RELATIONSHIP

NOTIFICATION & AGREEMENT

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

THE APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY THAT THE APPLICANT WILL BE EMPLOYED.

I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS AND INFORMATION CONTAINED IN THIS APPLICATION INCLUDING BUT NOT LIMITED TO INQUIRIES RELATED TO MY EDUCATION, RELEVANT LICENSES, PRIOR EMPLOYMENT, CREDIT AND OTHER INFORMATION REQUIRED UNDER THE LAW OR BY THE CITY OF PLAINFIELD. I RELEASE FROM ALL LIABILITY ANYONE SUPPLYING SUCH INFORMATION AND I ALSO RELEASE THE EMPLOYER FROM ALL LIABILITY THAT MIGHT RESULT FROM MAKING AN INVESTIGATION.

IF HIRED, I AGREE TO ABIDE BY ALL OF THE CITY OF PLAINFIELD'S RULES AND REGULATIONS, AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER THE CITY OF PLAINFIELD OR ME. I FURTHER UNDERSTAND THAT NO REPRESENTATION, WHETHER ORAL OR WRITTEN BY ANY REPRESENTATIVE OR AGENT OF THE CITY OF PLAINFIELD, AT ANY TIME, CAN CONSTITUTE A CONTRACT OF EMPLOYMENT.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND HEREBY GRANT PERMISSION TO CONFIRM THE INFORMATION SUPPLIED ON THIS APPLICATION BY ME.

APPLICANT'S SIGNATURE:

DATE:

FILL OUT THE INFORMATION BELOW ONLY IF APPLYING FOR A POSITION WHICH REQUIRES A DRIVER'S LICENSE:

Driver's License Number	State	Expiration Date
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SCHEDULE AVAILABILITY

I AM AVAILABLE AND DESIRE TO WORK FULL-TIME (35 HOURS) AND DO NOT HAVE RESTRICTIONS ON MY HOURS AND DAYS - COMPLETE SECTION B

I AM AVAILABLE AND DESIRE TO WORK SEASONALLY (6 MONTHS OR LESS)

I AM AVAILABLE AND DESIRE TO WORK PART-TIME (LESS THAN 35 HOURS) - COMPLETE SECTION B

I AM AVAILABLE AND DESIRE TO WORK ON A SEASONAL BASIS - COMPLETE SECTIONS A & B

A. DATES AVAILABLE FOR EMPLOYMENT: FROM _____ TO _____

B. HOURS AVAILABLE	MON	TUE	WED	THU	FRI	SAT	SUN
FROM	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TO	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS.

EDUCATION & TRAINING

TYPE	NAME/ADDRESS	COURSE OF STUDY	GRADUATED?	DEGREE/DIPLOMA
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
TECHNICAL OR OTHER			<input type="checkbox"/> YES <input type="checkbox"/> NO	

MILITARY HISTORY (OPTIONAL)

HAVE YOU SERVED IN THE ARMED FORCES? YES NO

EMPLOYMENT HISTORY

BEGIN WITH MOST RECENT EMPLOYER [1] AND CONTINUE WITH ALL PAST EMPLOYERS (ATTACH ADDITIONAL SHEETS IF NECESSARY)

1	EMPLOYER	FROM		JOB TITLE:	REASON FOR LEAVING:
		MO.	YR.		
	NAME OF COMPANY:			DUTIES:	
	ADDRESS:				
	CITY, STATE, ZIP:				NAME & TITLE OF IMMEDIATE SUPERVISOR:

TELEPHONE #:	TYPE OF BUSINESS:		
EXPLAIN ANY PERIOD BETWEEN JOBS:		MAY WE CONTACT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2 EMPLOYER	FROM	JOB TITLE:	REASON FOR LEAVING:
	MO. YR.		
	NAME OF COMPANY:	DUTIES:	
	TO		
	MO. YR.		
ADDRESS:		NAME & TITLE OF IMMEDIATE SUPERVISOR:	
CITY, STATE, ZIP:			
TELEPHONE #:	TYPE OF BUSINESS:		
EXPLAIN ANY PERIOD BETWEEN JOBS:		MAY WE CONTACT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3 EMPLOYER	FROM	JOB TITLE:	REASON FOR LEAVING:
	MO. YR.		
	NAME OF COMPANY:	DUTIES:	
	TO		
	MO. YR.		
ADDRESS:		NAME & TITLE OF IMMEDIATE SUPERVISOR:	
CITY, STATE, ZIP:			
TELEPHONE #:	TYPE OF BUSINESS:		
EXPLAIN ANY PERIOD BETWEEN JOBS:		MAY WE CONTACT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4 EMPLOYER	FROM	JOB TITLE:	REASON FOR LEAVING:
	MO. YR.		
	NAME OF COMPANY:	DUTIES:	
	TO		
	MO. YR.		
ADDRESS:		NAME & TITLE OF IMMEDIATE SUPERVISOR:	
CITY, STATE, ZIP:			
TELEPHONE #:	TYPE OF BUSINESS:		
EXPLAIN ANY PERIOD BETWEEN JOBS:		MAY WE CONTACT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name: _____

Birthdate: _____ AGE: _____

Address:

Plainfield, NJ _____

EMERGENCY CONTACT:

DID YOU EVER WORK FOR PLAINFIELD SUMMER YOUTH PROGRAM BEFORE

YES: (IF SO, WHEN : _____)

NO: _____

The City of Plainfield does not discriminate on the basis of race, color, national origin, age or disability in employment or in the provision of programs and services.

Certification

"If employed, I understand that I must conform to the policies of the City of Plainfield and to any departmental rules and regulations. I hereby certify that the information given on all pages of this application is true and correct. I understand that any answers contrary to the truth may be grounds for dismissal or refusal to hire and that nothing has been withheld that would affect my employment. I authorize my former employers, educational institutions and any other persons or entities identified in this application to provide any and all information or documents about me to the City of Plainfield. I hereby relieve all individuals connected with such release from liability for providing this information. If employed, I understand that I must conform to the rules and regulations of the City of Plainfield."

I also understand that the information provided may be used only for determining my eligibility for participation in the Summer Youth Employment Program and any statistical analysis purposes that may be required for program evaluation.

For applicants 18 to 21 years of age:

Applicant's Signature

Date

For applicants 14 to 17 years of age:

Parent/Guardian's Signature

Date

RETURN COMPLETED APPLICATION TO:

Plainfield Action Services
City Hall Annex, 1st Floor
510 Watchung Avenue
Plainfield, New Jersey 07060
Tel (908) 753-3519

Attn: Plainfield Action Services

The City of Plainfield does not discriminate on the basis of race, color, national origin, age or disability in employment or in the provision of programs and services.

Phone: (908) 753-3519
Website: www.plainfieldnj.gov

AFFIDAVIT OF RESIDENCY

Consistent with Section 11:19-8 of the Residency ordinance, employees are required to provide the following:

Name		
Address	City PLAINFIELD	
State NEW JERSEY	Zip Code	Telephone

Two (2) Documents verifying the address of record must be attached. Verification documentation may include a copy of a **valid utility bill, rent receipt, driver's license etc.**

Verification Documents attached (list copies of documents attached):

1. _____
2. _____

CERTIFICATION

I certify that the information set forth on this Affidavit of Residency is true and complete to the best of my knowledge. I understand that false statements, omissions, or misrepresentations may result in termination of employment via the disciplinary process.

Date: _____

Employee Signature: _____