

# CITY OF PATERSON

AN EQUAL OPPORTUNITY EMPLOYER

Jose "Joey" Torres  
Mayor



CITY OF PATERSON  
DIVISION OF PERSONNEL  
125 ELLISON ST  
PATERSON, NEW JERSEY 07505  
(973) 321-1323  
www.patersonnj.gov/personnel

## EMPLOYMENT APPLICATION

1) Type of work for which you are applying:

Full Time     Part Time     Seasonal

2) Name: Rosario Lydia MI  
LAST FIRST

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City Paterson State NJ Zip Code 07503

Telephone Day \_\_\_\_\_ Evening \_\_\_\_\_

E-mail address: robles.fir.paterson@gmail.com

Have you ever been known by any other name?

If yes, please state name(s) \_\_\_\_\_

3) Are you over the age of 18?  YES  NO

If not, list date of birth: \_\_\_\_\_

4) Are you a citizen of the United States?  YES  NO

Are you an alien authorized to work in the United States?  YES  NO

Note: If you are selected for employment, federal law requires that you submit documentary proof of citizenship or status as an alien authorized to work in the United States.

6) As of the date of this application, have you been a legal resident of Paterson for at least one year?  YES  NO

8) Have you ever worked for the City of Paterson before?  YES  NO

If yes, where, when, and what capacity? \_\_\_\_\_

7) How did you learn of this job opening?

advertisement

8) a) Can you perform essential functions of the position for which you are applying without accommodation?  YES  NO

b) If you require accommodation to perform the essential functions of the position for which applying, briefly explain the accommodation on a separate sheet of paper.

9) Are you related (by blood, marriage or living with) to any person(s) currently working for the City of Paterson?  YES  NO

If yes, list name(s) and work location(s) and relationship: \_\_\_\_\_

10) If relevant to the position for which you are applying:

Do you currently have a valid motor vehicle license?  YES  NO

Class: \_\_\_\_\_ State: \_\_\_\_\_

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

Motorist Identification Number: \_\_\_\_\_

Has your driver's license ever been suspended or revoked in this or any other state?  YES  NO

If yes, please explain.

11) EXCEPT FOR CRIMINAL ACTIONS TERMINATED IN YOUR FAVOR, YOUTHFUL OFFENDER ADJUDICATIONS, OR ANY SEALED CONVICTIONS, OR MINOR TRAFFIC VIOLATIONS, HAVE YOU EVER BEEN CONVICTED OF A CRIME OR DISORDERLY PERSONS OFFENSE?  YES  NO

ARE YOU NOW UNDER ANY PENDING CHARGES FOR ANY CRIME?  YES  NO

IF "YES" TO EITHER OR BOTH OF THE ABOVE, GIVE THE PARTICULARS OF AND THE DISPOSITION OF EACH CHARGE ON A SEPARATE SHEET AND ATTACH THE SAME

12) Have you ever served in the Armed Forces of the United States?  YES  NO

If yes, please list branch of service, date of service and rank at discharge: \_\_\_\_\_

Did you receive a dishonorable or bad conduct discharge?  YES  NO

If you served in the Armed Forces during a time of conflict and desire veteran's preference, attach a copy of DD-214 (discharge papers).



16) Employment History:

PLEASE LIST ALL EXPERIENCE RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING, STARTING WITH THE MOST RECENT JOB. INCLUDE RELATED MILITARY AND VOLUNTEER EXPERIENCE.

<p>1 Length of Employment</p> <p>From: mo/yr <u>01/2005</u> To: mo/yr <u>01/2014</u></p> <p>Earnings \$ <u>                    </u> <input type="checkbox"/> wk. <input type="checkbox"/> mo. <input type="checkbox"/> yr.</p> <p>No. of hours worked per week (exclusive of overtime): <u>Seasonal - as needed</u></p> <p>Your Exact Title <u>Auditor</u></p> <p>Name of Supervisor <u>Mike Arce</u></p> <p>Supervisor's Title <u>Owner</u></p> <p>Reason for leaving <u>current</u></p>		<p>Firm Name <u>Arce Printing &amp; Renovations</u> Address <u>20 Van Wagener St.</u></p> <p>City and State <u>Absecon, NJ 07001</u> Telephone No. <u>201-682-9622</u></p> <p>Describe Duties Below: <u>No Analysis &amp; Redesign. Recommendations on systems &amp; procedures Report on findings Monitor management's response &amp; implementation Generate ideas to maximize assignment profitability Plan &amp; conduct professional management systems Identify areas of potential efficiency improvements Finance reporting, risk management, compliance &amp; integrations. Draft audit reports</u></p>	
<p>2 Length of Employment</p> <p>From: mo/yr <u>01/2000</u> To: mo/yr <u>01/2008</u></p> <p>Earnings \$ <u>55,000</u> <input type="checkbox"/> wk. <input type="checkbox"/> mo. <input checked="" type="checkbox"/> yr.</p> <p>No. of hours worked per week (exclusive of overtime): <u>40 hrs</u></p> <p>Your Exact Title <u>Billing Supervisor</u></p> <p>Name of Supervisor <u>Ricardo Gonzalez</u></p> <p>Supervisor's Title <u>Owner</u></p> <p>Reason for leaving <u>Company Downsizing</u></p>		<p>Firm Name <u>Sylvan Paper Corp.</u> Address <u>500 Sylvan Ave</u></p> <p>City and State <u>Englewood Cliffs NJ</u> Telephone No. <u>201-390-0192</u></p> <p>Describe Duties Below: <u>Internal Auditor - Prepare &amp; process all invoices &amp; credits efficiently. Process &amp; track all orders via inventory - Quality control, systems tracking &amp; reporting. Minimize costs &amp; redundancy. Streamline waste processes cost tracking. Process payroll &amp; all expense reports. Bank reconciliations. Accounts payables &amp; receivables. Develop payment plans &amp; negotiated when required. Troubleshoot - Customer Service - O&amp;A specialist.</u></p>	
<p>3 Length of Employment</p> <p>From: mo/yr <u>01/1999</u> To: mo/yr <u>01/2005</u></p> <p>Earnings \$ <u>45,000</u> <input type="checkbox"/> wk. <input type="checkbox"/> mo. <input checked="" type="checkbox"/> yr.</p> <p>No. of hours worked per week (exclusive of overtime): <u>40 hrs.</u></p> <p>Your Exact Title <u>Bookkeeper / Administrative Assistant</u></p> <p>Name of Supervisor <u>Tama &amp; Ricardo Gonzalez</u></p> <p>Supervisor's Title <u>Billing Clerk &amp; Owner</u></p> <p>Reason for leaving <u>Company moved out of state.</u></p>		<p>Firm Name <u>North American Paper</u> Address <u>500 Sylvan Avenue</u></p> <p>City and State <u>Englewood Cliffs NJ</u> Telephone No. <u>201-390-0192</u></p> <p>Describe Duties Below: <u>Records management - Report on finding &amp; recommendations. Quality Control - Inventory - Sales Financial reporting, bank reconciliations risk management compliance &amp; integrations. Draft Audit reports. Run ledgers &amp; find all discrepancies with books (ledgers) and inventory.</u></p>	
<p>4 Length of Employment</p> <p>From: mo/yr <u>                    </u> To: mo/yr <u>                    </u></p> <p>Earnings \$ <u>                    </u> <input type="checkbox"/> wk. <input type="checkbox"/> mo. <input type="checkbox"/> yr.</p> <p>No. of hours worked per week (exclusive of overtime):</p> <p>Your Exact Title</p> <p>Name of Supervisor</p> <p>Supervisor's Title</p> <p>Reason for leaving</p>		<p>Firm Name <u>                    </u> Address <u>                    </u></p> <p>City and State <u>                    </u> Telephone No. <u>                    </u></p> <p>Describe Duties Below:</p>	

17) CONSENT FOR DRUG TEST, CRIMINAL BACKGROUND CHECK, CONTACT OF FORMER EMPLOYERS, AND CONTACT OF EDUCATIONAL INSTITUTIONS

I consent to drug testing, a background check and permitting the City to contact my former employers and educational institutions, and understand that any negative findings from them, at the discretion of the City, may result in refusal to hire me or, if already hired, my dismissal from City employment.

I hereby consent to the administration of a urine test for this purpose and to the terms of the Consent Agreement. I further consent to the release of my test to authorized officials of the City of Paterson for their appropriate review.

August 14, 2014  
Date

[Signature]  
Applicant Signature

18) APPLICANT CONSENT AGREEMENT FOR RESIDENCY ORDINANCE

I understand that employees of the City of Paterson are subject to the terms of its Residency Ordinance, TCOP 5-11, and that failure to be and remain in compliance with its requirements may result in refusal to hire, or, if hired, dismissal from employment.

August 14, 2014  
Date

[Signature]  
Applicant Signature

19) PLEASE NOTE:

APPLICANTS ARE ADVISED THAT ALL STATEMENTS MADE BY THEM IN CONNECTION WITH THEIR APPLICATION FOR EMPLOYMENT ARE SUBJECT TO INVESTIGATION AND VERIFICATION. THIS APPLICATION MAY BE USED FOR REVIEW BY THE PROSPECTIVE APPOINTING AUTHORITY AS A PART OF A BACKGROUND INVESTIGATION. ALL OFFERS OF EMPLOYMENT ARE CONDITIONED UPON VERIFICATION OF STATEMENTS MADE ON THE APPLICATION AND COMPLETION OF REFERENCE CHECKS AND BACKGROUND INVESTIGATION.

20) CERTIFICATION

I hereby affirm that the information provided on this application (including any attached papers or resume) are accurate and complete to the best of my knowledge, I also understand and agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. If hired, I agree to abide by and uphold all laws, policies and procedures of the City of Paterson including among others, city code, code of ethics, zero tolerance for violence, harassment and discrimination.

I authorize any person, school, or current and former employers and organizations named in this application (including any attached papers or resume) to provide information that may be requested for the purposes of making an employment decision.

August 14, 2014  
Date

[Signature]  
Applicant Signature

MAIL COMPLETED APPLICATION TO:  
ATTN. BETTY TAYLOR, DIRECTOR,  
DIVISION OF PERSONNEL, 125 ELLISON STREET  
PATERSON, NEW JERSEY 07505

THE NEW JERSEY STATE HUMAN RIGHTS LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, OR MARITAL STATUS. ACCORDINGLY, NOTHING IN THIS APPLICATION FORM SHOULD BE VIEWED AS EXPRESSING DIRECTLY OR INDIRECTLY, ANY LIMITATION, SPECIFICATION, OR DISCRIMINATION AS TO AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, OR MARITAL STATUS IN CONNECTION WITH EMPLOYMENT BY THE CITY OF PATERSON.

AN EQUAL OPPORTUNITY EMPLOYER

# Applicant Data Record

(Please Print)

Qualified applicants are considered for all positions, and employees are treated during employment with out regard to race, creed, color, national origin, disability, predisposing genetic characteristics, military status, sex, or marital status.

As an employer, the City of Paterson complies with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Data Record.

This Data is for periodic government reporting and will be kept in the Affirmative Action Office separate from the Application for Employment.

Date: August 14, 2004

Position (s) Applied for

Auditor

Referral Source:

Advertisement

Friend

Relative

Employment

Other

Name	<u>Rosario</u>	<u>Lydia</u>	<u>E</u>	Phone:	<u>[REDACTED]</u>
	LAST	FIRST	MI		
Address	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>Paterson</u>	<u>NJ</u>	<u>07503</u>
	NUMBER	STREET	CITY	STATE	ZIP CODE

## Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a disability is voluntary.

Check One:

Male

Female

Check one of the following:

Race/Ethnic Group:

White

Black

Hispanic

American Indian / Alaskan Native

Asian/Pacific Islander

Check if any of the following are applicable:

Vietnam Era Veteran

Disabled Veteran

Disabled Individual