

APPLICATION FOR EMPLOYMENT

The County of Monmouth is an Equal Opportunity Employer and does not discriminate on the basis of race, creed, color, national origin, nationality, ancestry, age, sex or any other protected classification.



The County of Monmouth
Human Resources Department
Hall of Records
1 East Main Street
Freehold, NJ 07728
732-431-7300
www.visitmonmouth.com

APPLICANT INFORMATION

Name _____
Last Name First Name M.I.

Address _____
Permanent Residence/Number & Street/Apt. # (P.O. box not acceptable)
City County State Zip Code

Mailing Address _____

Social Security # _____ / ____ / _____

Telephone #s we may use to contact you:

Home: () _____

Cell: () _____

Work: () _____

E-Mail: _____

POSITION INFORMATION

Title Applying for _____

Type of Employment Full-Time Part-Time

Would you be interested in temporary employment? Yes No

Salary Requirements _____

What shift(s) are you able to work?

N/A 1st 2nd 3rd Any

QUESTIONNAIRE

1. Can you provide proof of citizenship or authorization to work in the U.S. upon employment? Yes No

2. Are you at least 18 years of age? Yes No

3. Were you ever employed by the County of Monmouth? Yes No

_____ Date(s)

4. Have you ever applied to the County of Monmouth before? Yes No

_____ Date(s)

5. Are you related to anyone currently working for the County of Monmouth? (The County of Monmouth maintains an anti-nepotism policy). Yes No

If yes, provide name(s) & relationship(s).

6. Have you ever been discharged or asked to resign from any employment? Yes No

If yes, provide an explanation.

7. Have you used any other name(s) different from name listed above? Yes No

If yes, provide name(s).

8. How were you referred to the County? (Check all that apply).

NJ Civil Service Commission Examination List Advertisement

_____ Other _____
Specify Specify

Monmouth County Website Employee

_____ Full Name

REQUIREMENTS – You are only required to answer questions on this page relevant to the requirements stated in the job specification and/or job posting for which you are applying. If a question is not applicable, you may write N/A.

EDUCATION - Proof of specific education requirements must be submitted with the application; e.g., copy of degree, transcript with specific courses identified.

Name	State	Major and # of Credits Completed (e.g. Business)	Degree (e.g. B.S.)	Minor and # of Credits Completed (e.g. Accounting)	Graduated	
					Yes	No
High School						
GED						
Business / Technical or Vocational						
Undergraduate College						
Graduate College						
Doctorate						

LICENSES / CERTIFICATIONS – Relevant to the position you are applying for.

Name of License	Issuing Authority (State/Other Authority)	License Number	Date Issued	Expiration Date

DRIVER'S LICENSE – Relevant to the position you are applying for.

Do you have a valid NJ Driver's License?

Yes No

NJ Driver's License #

Do you have a valid NJ Commercial Driver's License (CDL)?

Yes No

Class

Endorsements

KNOWLEDGE AND ABILITIES

Typing ___ WPM

Transcribing

Word Processing

Name

Accounting / Bookkeeping

Spreadsheet

Web Design

Name

Database

Name

Other

Name

EMPLOYMENT EXPERIENCE

Starting with your present or most recent employer, list all full-time and part-time employment history for the past ten years. I understand that any misstatement, falsification or omission of information shall be grounds for refusal to hire or if hired, termination.

May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
1. _____	Supervisor, Title _____	Telephone (____) _____	
Employer	Supervisor, Title	Telephone	
Address (number & street) _____	City _____	State _____	Zip Code _____
Employed From _____	To _____		
Month / Year	Month / Year		
Title _____	Starting Salary _____	Final Salary _____	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	# of hrs./wk. _____		
Job Duties _____			
Reason for Leaving _____			
2. _____			
Employer	Supervisor, Title	Telephone (____) _____	
Address (number & street) _____	City _____	State _____	Zip Code _____
Employed From _____	To _____		
Month / Year	Month / Year		
Title _____	Starting Salary _____	Final Salary _____	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	# of hrs./wk. _____		
Job Duties _____			
Reason for Leaving _____			
3. _____			
Employer	Supervisor, Title	Telephone (____) _____	
Address (number & street) _____	City _____	State _____	Zip Code _____
Employed From _____	To _____		
Month / Year	Month / Year		
Title _____	Starting Salary _____	Final Salary _____	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	# of hrs./wk. _____		
Job Duties _____			
Reason for Leaving _____			

MILITARY EXPERIENCE

Are you a Veteran? Yes No

Branch of Service

Rank

Specialty

Duties / Special Training: _____

Are you a surviving spouse or parent of a veteran? (Civil Service Veterans Preference may apply).

Yes No



AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES

I, _____, authorize the County of Monmouth to contact any of the persons or organizations referenced in the Application for Employment. I authorize the references to give the County of Monmouth all information concerning my previous employment, education or any other pertinent information they might have with regard to any of the subjects covered by the Application of Employment.

I hereby release the County of Monmouth, former employers and all other persons from any and all claims, demands or liabilities arising out of or in any way related to the examination of my background.

Applicant's Name (Print Legibly)

Previous Name(s)

____ - ____ - ____
Social Security Number

Signature

Date