

# 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.



Mail, email or fax this Application for Employment and Addendums to:  
Monmouth County Human Resources Department  
Hall of Records, 1 East Main Street, Freehold, New Jersey 07728  
Email: [MC.HumanResources@co.monmouth.nj.us](mailto:MC.HumanResources@co.monmouth.nj.us)

[www.visitmonmouth.com](http://www.visitmonmouth.com)  
Phone 732-431-7300  
Fax 732-431-7924

## APPLICANT INFORMATION

Name: \_\_\_\_\_  
Last Name First Name M.I.

Home: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
Permanent residence / Number & Street / Apt. # (PO box not acceptable)

Cell: ( ) \_\_\_\_\_

City County State Zip Code

Work: ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Number & Street / Apt. #

E-mail: \_\_\_\_\_

City County State Zip Code

If your present address above is less than five (5) years, provide your former address below.

Former Address: \_\_\_\_\_  
Permanent residence / Number & Street / Apt.# (PO box not acceptable)

City County State Zip Code

## POSITION INFORMATION

Position of Interest: \_\_\_\_\_

Salary Requirement: \_\_\_\_\_

Type of Employment:  Full-Time  Part-Time

What shift(s) are you able to work?

Would you be interested in temporary employment?  Yes  No

N/A  1st  2nd  3rd  Any

## GENERAL INFORMATION

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?  Yes  No \_\_\_\_\_  
If yes, indicate name and relationship.

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 \_\_\_\_\_  
 Monmouth County Website  Employee(s) \_\_\_\_\_  
Specify

## 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 <i>(e.g. Business)</i>		Degree <i>(e.g. B.S.)</i>	Minor and # of Credits Completed <i>(e.g. Accounting)</i>		Graduated	
							Yes	No
High School								
GED								
Business/Technical or Vocational								
Undergraduate College								
Graduate College								
Post Graduate								

LICENSES / CERTIFICATIONS - Relevant to the position for which you are applying.				
Name of License	Issuing Authority <i>(State / Other Authority)</i>	License Number	Date Issued	Expiration Date

**DRIVER'S LICENSE - Relevant to the position for which you are applying.**

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

If your driver's license has ever been suspended, list the suspension dates. \_\_\_\_\_  
Dates

**KNOWLEDGE AND ABILITIES**

Typing WPM \_\_\_\_\_  Transcribing \_\_\_\_\_  Word Processing \_\_\_\_\_  
Explain Name

Accounting / Bookkeeping \_\_\_\_\_  Spreadsheet \_\_\_\_\_  Web Design \_\_\_\_\_  
Explain Name

Database \_\_\_\_\_  Other \_\_\_\_\_  
Name Name

**FOREIGN LANGUAGE ABILITIES (Optional)**

If there are any foreign languages, including sign languages, in which you are proficient enough to communicate on the job, and are willing to use on the job (now and in the future), please list them here: \_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT EXPERIENCE

Starting with your present or most recent employer, list all full-time and part-time employment history for the past ten years. 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												
<p>1. _____</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><i>Employer</i></td> <td style="width: 33%;"><i>Supervisor Name &amp; Title</i></td> <td style="width: 15%;"><i>Telephone</i></td> <td style="width: 19%;"><i>E-mail</i></td> </tr> <tr> <td colspan="2"><i>Address (number &amp; street)</i></td> <td><i>City</i></td> <td><i>State</i></td> </tr> <tr> <td colspan="2"><i>Zip Code</i></td> <td colspan="2"></td> </tr> </table> <p>_____ Employed From _____ To _____ <input type="checkbox"/> Present</p> <p><i>Title</i> _____  <small>Month / Year      Month / Year</small></p> <p><input type="checkbox"/> Full-Time    <input type="checkbox"/> Part-Time _____  <small># of hrs. / wk.</small></p> <p>Job Duties _____</p> <p>Reason for Leaving Current or Previous Employer _____</p>		<i>Employer</i>	<i>Supervisor Name &amp; Title</i>	<i>Telephone</i>	<i>E-mail</i>	<i>Address (number &amp; street)</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>			
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<i>Address (number &amp; street)</i>		<i>City</i>	<i>State</i>										
<i>Zip Code</i>													

## MILITARY EXPERIENCE

Are you a Veteran?  Yes  No

<i>Branch of Service</i>	<i>Rank</i>	<i>Specialty</i>
--------------------------	-------------	------------------

Duties / Special Training \_\_\_\_\_

Are you a surviving spouse or parent of a veteran? (Civil Service Veterans Preference may apply)  Yes  No

Applicant Name \_\_\_\_\_

## REFERENCES

Provide the names of three people (not relatives) that have known you for at least five years, who can attest to your character, job skills, knowledge and abilities.

1. Name: \_\_\_\_\_  
Occupation Telephone  
Address: \_\_\_\_\_  
Street City State Zip Code

2. Name: \_\_\_\_\_  
Occupation Telephone  
Address: \_\_\_\_\_  
Street City State Zip Code

3. Name: \_\_\_\_\_  
Occupation Telephone  
Address: \_\_\_\_\_  
Street City State Zip Code

## LEGAL HISTORY

In accordance with the "Opportunity to Compete Act," effective March 1, 2015, the County of Monmouth no longer asks about a prospective employee's criminal history during the initial employment application process, except for certain positions where the law permits or requires the County to do so.

Unless you are applying for a position in law enforcement, corrections, or emergency management, or are specifically advised otherwise by a representative of the County, please DO NOT complete the following section at this time.

Applicants for sworn law enforcement positions are required to disclose ALL ARRESTS, CONVICTIONS AND EXPUNGEMENTS.

Have you ever been convicted of or pled guilty to a crime, misdemeanor, disorderly person's offense or other offense (other than a parking ticket) in New Jersey or elsewhere, which has not been expunged?  Yes  No

IF YOUR ANSWER IS "YES", GIVE DATE AND NATURE OF EACH OFFENSE, THE NAME AND LOCATION OF THE COURT AND THE DISPOSITION OF THE CASE.

Date(s) and Nature of Charge(s): \_\_\_\_\_  
Date(s) Nature of Charge(s)

Name and Location of Court: \_\_\_\_\_  
City(s) Address of Courthouse

Disposition: \_\_\_\_\_  
Specify

All applicants please note: If you are not required to disclose your criminal history on this application, upon completion of the initial employment application process, the County will require that you do so at that time. Additionally, the County will conduct a criminal background check on all applicants who are conditionally offered employment. Except in certain limited circumstances, a conviction will not automatically disqualify an applicant from consideration for the position; rather, the County will consider (1) the nature and gravity of the offense, (2) the nature of the job being sought, and (3) the length of time since the conviction and/or completion of the sentence. Any false statement or omission during this process will disqualify you from employment.

## SUBSTANCE ABUSE POLICY

The County of Monmouth requires all offers of employment extended to applicants whose job duties require that they hold a Commercial Driver's License, including the performance of safety sensitive functions as defined by Federal Highway Administration and Federal Transit Administration, Department of Transportation regulations, are conditioned on the applicant's ability to pass a Department of Transportation mandated pre-employment physical examination, which includes a drug screen. This shall also apply to transfer employees, former employees returning to County service via appeals, re-employment lists, interim or temporary employees, whose job duties require a CDL. Failure to pass pre-employment screening will result in withdrawal of a conditional offer of employment. Refusal to sign the appropriate release and consent forms for testing or failure to provide a valid specimen for testing will be regarded as a failed test, thereby rendering the applicant disqualified for employment. If an applicant has any questions regarding this Policy, additional information may be requested from the Monmouth County Human Resources Department.

## UNDERSTANDING AND ACCEPTANCE

I certify that all the information provided by me in connection with my application is true and complete. I understand that any misstatement, falsification or omission of information shall be grounds for disqualification for employment or if hired, termination. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S. I authorize the County of Monmouth to contact any of the persons or organizations referenced in this application. 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 this application.

Signature \_\_\_\_\_

Date \_\_\_\_\_



# ADDENDUM B CDL PRE-PLACEMENT DRUG SCREEN

**If you have a current CDL license, this form is to be completed and submitted with the Application for Employment.**

Mail, email or fax this Application for Employment and Addendums to:  
Monmouth County Human Resources Department  
Hall of Records, 1 East Main Street, Freehold, New Jersey 07728  
Email: [MC.HumanResources@co.monmouth.nj.us](mailto:MC.HumanResources@co.monmouth.nj.us)

[www.visitmonmouth.com](http://www.visitmonmouth.com)  
Phone 732-431-7300  
Fax 732-431-7924

## APPLICANT INFORMATION

Name: \_\_\_\_\_ Home: ( ) \_\_\_\_\_  
*Last Name First Name M.I.*

Address: \_\_\_\_\_ Cell: ( ) \_\_\_\_\_  
*Permanent residence / Number & Street / Apt. # (PO box not acceptable)*

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
*City County State Zip Code*

Mailing Address: \_\_\_\_\_ Work: ( ) \_\_\_\_\_  
*Number & Street / Apt. #*

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
*City County State Zip Code*

E-mail: \_\_\_\_\_

## CDL APPLICANT QUESTIONNAIRE

In compliance with the Omnibus Transportation Employee Testing Act of 1991 and the rules mandated by the U.S. Department of Transportation, 49 CFR, Section 40.25 (j) Monmouth County must request of the applicant whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the applicant applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years.

Have you tested positive or refused to test for a drug test when applying for a position within the past two years?  Yes  No

Have you tested positive or refused to test for an alcohol test when applying for a position within the past two years?  Yes  No

I understand that if I answer Yes to either question above, I may not perform the safety-sensitive functions until and unless I document successful completion of the return-to-duty process.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

## CONFIDENTIAL CONSENT TO RELEASE INFORMATION

This release is in accordance with DOT Regulation 9 CFR Part 40, Section 40.25. I understand that information to be released is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher alcohol concentration;
2. Verified positive drug tests;
3. Refusals to be tested; (including verified adulterated or substituted drug test results);
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

I hereby authorize previous employers to release my information regarding the Department of Transportation regulated drug and alcohol testing records.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

# ADDENDUM C RETIREMENT FROM STATE PENSION

***If you have previously retired from any New Jersey State Pension Plan, please complete the information indicated below.***



Mail, email or fax this Application for Employment and Addendums to:  
Monmouth County Human Resources Department  
Hall of Records, 1 East Main Street, Freehold, New Jersey 07728  
Email: [MC.HumanResources@co.monmouth.nj.us](mailto:MC.HumanResources@co.monmouth.nj.us)

[www.visitmonmouth.com](http://www.visitmonmouth.com)  
Phone 732-431-7300  
Fax 732-431-7924

## APPLICANT INFORMATION

Name: \_\_\_\_\_  
*Last Name First Name M.I.*

Home: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
*Permanent residence / Number & Street / Apt. # (PO box not acceptable)*

Cell: ( ) \_\_\_\_\_

\_\_\_\_\_  
*City County State Zip Code*

Work: ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Number & Street / Apt. #*

E-mail: \_\_\_\_\_

\_\_\_\_\_  
*City County State Zip Code*

Retirement # or Former Membership #: \_\_\_\_\_

Retirement Type:  Disability  Other

Employer at Retirement: \_\_\_\_\_

Date of Retirement: \_\_\_\_\_  
*Month / Day / Year*

Please indicate the retirement system from which you retired:  PERS  PFRS  TPAF  SPRS  JRS

If you are considering working after retirement, you should be aware of the restrictions imposed by laws and regulations governing post-retirement employment. It is your responsibility to inform your prospective employer that you are receiving retirement benefits from a New Jersey State-administered retirement system and to understand the impact employment will have on those retirement benefits. In some instances your retirement benefits may be suspended or canceled entirely. If this occurs, you will be responsible for the repayment of any benefits you were not entitled to receive. You may also be required to re-enroll in your former retirement system or a different retirement system and make pension contributions into that system.

For more information, see The New Jersey Division of Pensions & Benefits, Fact Sheet #86, Employment After Retirement Restrictions, available on the State of NJ Department of the Treasury Website.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*