

COUNTY OF MONMOUTH SUMMER EMPLOYMENT APPLICATION
Personnel Department, Hall of Records, 1 E. Main St., Freehold, New Jersey 07728
Office 732-431-7300 Fax# 732-431-7924

The County of Monmouth is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, gender, religion, age, marital status or disability in employment. Applicants requiring reasonable accommodations for the application process should notify a representative of the Personnel Department.

PLEASE PRINT OR TYPE

NAME: _____ SOCIAL SECURITY #: _____
 (Last, First, Mi - Full legal name)

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ e-mail address: _____ Are you 18 or older? YES NO

How did you learn about the summer program? _____

Have you ever been employed by the County of Monmouth? YES NO If yes, dates: _____

Department: _____ Would you like to be placed in the same department? YES NO

Are you related to anyone currently in our employ: If Yes, Name _____ Relationship _____

What date would you be available to work?

(circle one)

Area of work preferred (Number in order of preference 1-3) : Preference of placement: Office Outdoors

- | | | |
|----------------------------|-----------------|----------------------|
| Engineering | Office/Clerical | Bridge Department |
| Planning/Environmental | Computers | Building Maintenance |
| Public Health | Library | Groundskeeping |
| Nursing/Care Centers | Mail Services | Road Maintenance |
| Other, please state: _____ | | Drawbridge Attend. |

Describe any skills, internships, hobbies and/or job interests which would qualify you for the above work. Be sure to include any special training or qualifications (i.e. Computer Software/Hardware; if applicable, indicate typing speed)

Describe why you would like to work for the County of Monmouth:

EDUCATION:

SCHOOL	Name	City	State	MAJOR # of Credits completed/enrolled	# of years completed	Degree Received
HIGH SCHOOL						
COLLEGE Enrolled/Plan to Attend						

FOR OFFICE USE ONLY

Start Date:	Hourly rate:	Work Unit:
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REFERENCES: Attach one letter of recommendation from an academic advisor, employer, community leader, teacher and provide the name of a family acquaintance that you have known for at least three years, who can vouch for your character, experience and/or skills.

NAME	STREET	CITY	STATE

EMPLOYMENT HISTORY: EMPLOYMENT FOR THE PAST TWO YEARS

Present/Previous Employer	Dates Employed From & To	Title	Final Salary
Address	City	State	Zip Code
Summary of Experience:			
Specific Reason for Leaving:			
Present/Previous Employer	Dates Employed From & To	Title	Final Salary
Address	City	State	Zip Code
Summary of Experience:			
Specific Reason for Leaving:			

If you are 18 or over complete this section:
 The question below refers to instances where you have been convicted, pled guilty, or paid a fine (other than a parking ticket). This includes a conviction for any disorderly persons offense, petty disorderly offense (such as shoplifting), or any motor vehicle violations (such as drunk driving or death by auto).

Have you ever been convicted of a crime that has not been expunged by the Courts: YES NO

The existence of a criminal record is not an automatic disqualification from consideration for employment with the County of Monmouth.

If your answer is "Yes", give the date and nature of each offense, the name and location of the court, and the disposition of the case.

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.

I certify that all information provided by me in connection with this application is true and complete. I understand that any misstatement, falsification or omission of information shall be grounds for refusal to hire 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.

SIGNATURE _____ DATE _____