



APPLICATION FOR EMPLOYMENT
 COUNTY OF OCEAN, NEW JERSEY
DEPARTMENT OF EMPLOYEE RELATIONS
 P.O. Box 2191
 Toms River, N.J. 08754-2191
 732-929-2128

An EQUAL OPPORTUNITY EMPLOYER with
 an established AFFIRMATIVE ACTION PROGRAM

PERSONAL (Please print clearly)

Date: _____

Last	First	Middle Init.	Social Security No.
Name			
Number Street	City	State	Zip Code
Address			Tel. No.

Are you a citizen of the U.S.? Yes No

If no, are you a resident alien? Yes No

If no, please specify what type of visa or work permit you have: _____

Valid New Jersey Drivers License? If under 18 years of age, please give date of birth.

Yes No Month/day/year: / /

Do you possess the ability to perform the essential job functions of the position for which you are applying. Yes No

If no, please explain. _____

(A job description is available for your review).

Have you been in U.S. Military Service? Yes No If yes, Branch _____

Duties while on active service: _____

Have you ever been convicted of a crime, including disorderly persons offense? Yes No

If yes, give details. This will not necessarily preclude your employment.

POSITION

Job applied for: _____ When can you start? _____

List and describe any internships, licenses, certifications or registrations connected with your profession or trade.
 (Give name of state in which license, certification or registration is held.)

Have you any previous New Jersey State, County or Municipal employment?

Yes Permanent Employer: _____ Date: _____

No Temporary Department: _____ Job Title: _____

The lower portion of this form is to be detached along this line E.R. 140

BACKGROUND DATA

This portion will be detached from the above application form to be used only for complying with EEOC Guidelines and the N.J. State Affirmative Action Program.

Date of Birth / / Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Education (Circle the number showing the highest level of school you have completed) Grammar or High School: 6 7 8 9 10 11 12 College: Some Associate Bachelor Post Graduate: Some Masters Doctorate
Check the group you are a member of: <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic Other _____	

EDUCATION AND TRAINING

School	Name	City	State	Course or Major	Diploma or Degree
High					
College					
Business, Trade, etc.					

Machines operated and/or special skills:

Typing? Yes No Approx. Speed _____ Shorthand? Yes No Approx. Speed _____

EMPLOYMENT HISTORY (List most recent employer first)

Present or last employer	Address	Time Employed
		Mo. Yr. to Mo. Yr.
Your title and duties	Reason for leaving	Salary
		Start Final
Previous employer	Address	Time Employed
		Mo. Yr. to Mo. Yr.
Your title and duties	Reason for leaving	Salary
		Start Final
Previous employer	Address	Time Employed
		Mo. Yr. to Mo. Yr.
Your title and duties	Reason for leaving	Salary
		Start Final

Check here if you DO NOT want us to contact PRESENT EMPLOYER

REFERENCES (Do not give relatives or former employers as references)

Name	Address	Telephone	Business or Occupation	Known How Long?

Give name of any relative working for Ocean County _____ In what department do they work? _____

ADDITIONAL INFORMATION:

NOTE TO APPLICANT: This application will be kept on file for one year ONLY! If employed, this application will become part of your permanent file. Most County employees are governed by New Jersey Civil Service rules and regulations Most employees and applicants must take and pass a Civil Service examination to obtain permanent employment.

I HEREBY CERTIFY that the statements made by me in this application are true, complete and correct to the best of my knowledge. I understand that any falsification would disqualify me from consideration for a position or constitute grounds for dismissal.

I UNDERSTAND that as a condition of employment, I may be required to pass a physical, psychological and/or Drug/Alcohol Screen to determine my ability to perform job related functions, and any future examinations as required by the County.

Date of Application _____ Signature of Applicant _____

Ocean County is an equal employment opportunity employer dedicated to a policy of nondiscrimination in employment upon any basis, including race, creed, color, national origin, sex, affectional or sexual orientation, age marital status, religion, or disability, except where a particular qualification is specifically permitted and is essential to successful job performance. In reading and answering the foregoing questions, please keep in mind that none of the questions are intended to imply any limitations, illegal preferences, or discrimination based upon any non-job-related information. This application will be given complete consideration, but it's receipt does not imply that the applicant will be employed.