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 this form and Application for Employment to:
Monmouth County Human Resources Department
Hall of Records,1 East Main Street, Freehold, New Jersey 07728

www.visitmonmouth.com
732-431-7300

APPLICANT INFORMATION

Name: _____
Last Name *First Name* *M.I.*

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

_____
City *County* *State* *Zip Code*

Mailing Address: _____

_____

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

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

_____
City *County* *State* *Zip Code*

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 Requirement: _____

What shift(s) are you able to work?

☐ **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 the 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 _____ *Specify* ☐ Other _____

   ☐ Monmouth County website ☐ Employee _____

Clear Form

Applicant Name _____ Last four digits of SSN# _____

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*

If your driver's license was suspended, list the suspension dates. _____
Dates

KNOWLEDGE AND ABILITIES

☐ Typing WPM _____ ☐ Transcribing _____ *Explain* ☐ Word Processing _____ *Name*

☐ Accounting / Bookkeeping ☐ Spreadsheet _____ ☐ Web Design _____ *Name*

☐ Database _____ *Name* ☐ Other _____ *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: _____

_____

Applicant Name _____ Last four digits of SSN# _____

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? ☐ Yes ☐ No

1. _____
Employer | Supervisor Name & Title | Telephone | E-mail

_____
Address (number & street) | City | State | Zip Code

_____ Employed From ____/____ To ____/____ ☐ Present
Title | Month / Year | Month / Year

☐ Full-Time ☐ Part-Time _____ Starting Salary _____ Final Salary _____
# of hrs. / wk.

Job Duties _____

_____

Reason for Leaving _____

2. _____
Employer | Supervisor Name & Title | Telephone | E-mail

_____
Address (number & street) | City | State | Zip Code

_____ Employed From ____/____ To ____/____
Title | Month / Year | Month / Year

☐ Full-Time ☐ Part-Time _____ Starting Salary _____ Final Salary _____
# of hrs. / wk.

Job Duties _____

_____

Reason for Leaving _____

3. _____
Employer | Supervisor Name & Title | Telephone | E-mail

_____
Address (number & street) | City | State | Zip Code

_____ Employed From ____/____ To ____/____
Title | Month / Year | Month / Year

☐ Full-Time ☐ Part-Time _____ Starting Salary _____ Final Salary _____
# 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

Applicant Name _____ Last four digits of SSN# _____

REFERENCES

Provide the names of three people (no 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. Accordingly, 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.

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

Applicants for sworn law enforcement positions are required to disclose all arrests, convictions and expungements.

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 not are 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, be 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 County of Monmouth 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 _____

APPLICATION FOR EMPLOYMENT-ADDENDUM A RELEASE OF INFORMATION AUTHORIZATION

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APPLICANT INFORMATION

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Address: _____
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_____
City *County* *State* *Zip Code*

Mailing Address: _____

_____

Social Security # _____/_____/_____

Telephone #'s we may use to contact you:

Home: _____

Cell: _____

Work: _____

E-mail: _____

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): _____

Have you used any other name(s) different from name listed above? ☐ **Yes** ☐ **No:**

_____
If yes, provide name(s).

Social Security Number: _____/_____/_____

_____ _____
Signature *Date*

APPLICATION FOR EMPLOYMENT-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.

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_____
City *County* *State* *Zip Code*

Mailing Address: _____

_____

Social Security # ____/____/____

Telephone #'s we may use to contact you:

Home: _____

Cell: _____

Work: _____

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.

_____ _____
Applicant Consent Signature *Date*