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

www.visitmonmouth.com Phone 732-431-7300 Fax 732-431-7924

APPLIC	CANT INFORMATIO	N			
Name: _					Home: ()
	Last Name	First Name		M.I.	
Address:	Permanent residence / Number	· & Street / Apt. # (PO I	box not acceptab	ole)	Cell: ()
					Work: ()
	City	County	State	Zip Code	· · ·
Mailing					E-mail:
Address:	Number & Street / Apt. #				
	City	County	State	Zip Code	
	·	•		·	
If your pres	sent address above is less th	an five (5) years, pr	ovide your forr	mer address be	elow.
Address:	Permanent residence / Number &	Street / Apt.# (PO box	x not acceptable)	
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
-	City	County	State	Zip Code	
POSITI	ON INFORMATION				
Position o	f Interest:				Salary Requirement:
Type of E	mployment: Full-Time	Part-Time			What shift(s) are you able to work?
Would you	u be interested in temporar	y employment?	Yes No		□N/A □1st □2nd □3rd □Any
GENER	AL INFORMATION				
1. Can you	provide proof of citizenship	or authorization to v	ork in the U.S	. upon employi	ment? Yes No
2. Are you	at least 18 years of age? [Yes No			
3. Were yo	ou ever employed by the Cou	nty of Monmouth?	Yes	No	
4. Have yo	ou ever applied to the County	of Monmouth before	e? Yes	No	
5. Are you	related to anyone currently w	orking for the Coun	ty of Monmout	_	No
6. Have yo	ou ever been discharged or a	sked to resign from	any employme	ent? Yes	If yes, indicate name and relationship. No
If yes no	ovide an explanation.				
	ou used any other name(s) di	ferent from name lis	sted above?	Yes N	No.
	re you referred to the County				If yes, provide name(s).
_	Civil Service Commission Ex	camination List	Advertiseme	Specify	Other —
∐ Mo	onmouth County Website		Employee(s)		

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.

Name	State Major and			Degree	Minor and # of Cred	Graduate		
		# of Credits Complet (e.g. Business)	ted	(e.g. B.S.)	Completed (e.g. Accounting)		Yes	No
High School								
GED	1		<u> </u>			-		
3LD								
Business/Technical or Vocational								
Undergraduate College								
Graduate College								
Post Graduate								
LICENSES / CERTIFICATION	ONS - Rele	vant to the position for	which	you are applying.				
Name of License		Issuing Authority (State / Other Authority)		License Number	Date Issued	Expir	ation Da	ate
DRIVER'S LICENSE - Rele	evant to the	position for which you	are app	blying.				
Do you have a valid NJ Driver's	s License?	☐Yes ☐No						
Do you have a valid NJ Comm	ercial Driver		ver's Licei Yes	No				
If your driver's license has eve	r been susp			Class	Endorseme	ents		
KNOWLEDGE AND ABILIT	TIES							
Typing WPM		Transcribing			ord Processing			
Accounting / Bookkeep	oing [Spreadsheet		Name				
Explain Database Name				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. Any misstatement, falsification or omission of information shall be grounds for refusal to hire or if hired, termination.

		May we contact your p	resent employer? Yes N
1	Supervisor Name & Title	Telephone	E-mail
Employer	Supervisor Name & Title	тевернопе	L-man
Address (number & street)	City	State	Zip Code
Title	Employed FromToTo	Month / Year Present	
Full-Time Part-Time # of hrs. / wk.			
Job Duties			
Reason for Leaving Current or Previous Employe	er		
2. <i>Employer</i>	Supervisor Name & Title	Telephone	E-mail
Address (number & street)	City	State	Zip Code
Title	Employed FromToTo	Month / Year	
	Month, , roal	World , rodi	
Full-Time Part-Time # of hrs. / wk.			
Job Duties			
Reason for Leaving Current or Previous Employe	er		
3			
3 Employer	Supervisor Name & Title	Telephone	E-mail
Address (number & street)	City	State	Zip Code
Title	Employed FromToTo	Month / Year	
	, ,		
Full-Time Part-Time # of hrs. / wk.			
Job Duties			
Reason for Leaving Current or Previous Employe	er		
MILITARY EXPERIENCE			
Are you a Veteran? Yes No Branch of Serv	rice Rank	Specialty	,
Branch of Serv Duties / Special Training		Specialty	,
Are you a surviving spouse or parent of a veterar	n? (Civil Service Veterans Preference ma	ay apply) Yes No	

Applicant Name			
REFERENCES Provide the names of three people knowledge and abilities.	(not relatives) that have known you for at leas	at five years, who can attest to yo	ur character, job skills
1. Name:			
Address: Street	E-mail	Telephone	
		State	Zip Code
2. Name:	E-mail	Telephone	
Address: Street	City	State	Zip Code
3. Name:	E-mail	Telephone	
Address: Street	City	State	Zip Code
In accordance with the "Opportunity to criminal history during the initial employ. Unless you are applying for a position representative of the County, please. Applicants for law enforcement position AND EXPUNGEMENTS. Have you ever been convicted of or please of the county, please. IF YOUR ANSWER IS "YES", GIVE DISPOSITION OF THE CASE.	Compete Act," effective March 1, 2015, the County ment application process, except for certain position in law enforcement, corrections, or emergence DO NOT complete the following section at this toons, including Public Safety Telecommunicators and guilty to a crime, inisdented anor, disorderly person expunged? Yes No DATE AND NATURE OF EACH OFFENSE, 1	of Monmouth no longer asks about ans where the law permits or requires by management, or are specifically time. It are required to disclose ALL ARRES offense or other offense (other than THE NAME AND LOCATION OF	a prospective employee's the County to do so. advised otherwise by a series, CONVICTIONS a parking ticket) in New
Date(s) and Nature of Charge(s): Date(s)	s) Nature	e of Charge(s)	
Name and Location of Court:	Addr	ess of Courthouse	
Disposition:			
All applicants please note: If you are not process, the County will require that yo conditionally offered employment. Excepthe position; rather, the County will cons	t required to disclose your criminal history on this ap u do so at that time. Additionally, the County will o pt in certain limited circumstances, a conviction will ider (1) the nature and gravity of the offense, (2) the sentence. Any false statement or omission during the	onduct a criminal background check not automatically disqualify an applic a nature of the job being sought, and (on all applicants who are ant from consideration fo 3) the length of time since
they hold a Commercial Driver's License Transit Administration, Department of employment physical examination, whincluding via appeals or re-employment vehicle or in a safety sensitive position as employment. Refusal to sign the approximation of the safety sensitive position as the safety sensiti	see Workplace. The County requires all offers of eme (CDL), performing safety sensitive functions a formal Transportation (DOT) regulations, are conditionable includes a drug screen. This applies to transfer lists, and temporary employees whose job duties redefined by the County. Failure to pass pre-employment release and consent forms for testing or failure and disqualified for employment. If an applicant has	s defined by Federal Highway Adied on the applicant's ability to passer employees, former employees retrequire a CDL. This also applies to any ent screening will result in withdraware to provide a valid specimen for tes	ministration and Federa s a DOT mandated pre urning to County service employee driving a Count il of a conditional offer of ting will be regarded as
omission of information shall be ground be required to provide legal proof of au referenced in this application. I authoriz	by me in connection with my application is true and is for disqualification for employment or if hired, territhorization to work in the U.S. I authorize the Counce the references to give the County of Monmouth a might have with regard to any of the subjects covered	mination. I understand that as a cond ty of Monmouth to contact any of the all information concerning my previous	ition of employment, I wi persons or organization
Signature		Date	

ADDENDUM A RELEASE OF INFORMATION AUTHORIZATION

www.visitmonmouth.com Phone 732-431-7300

Fax 732-431-7924

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Email: MC.HumanResources@co.monmouth.nj.us

APPLI	CANT INFORM	IATION				
lame: _					Home: ()	
	Last Name	First Name	ı	Л.І.		_
Address:					Cell: ()	
	Permanent residence	/ Number & Street / Apt. # (PO b	ox not acceptabl	le)		_
	011		0		Work: ()	_
/lailing	City	County	State	Zip Code		
Address:	Number & Street / Apt.	#			E-mail:	_
	Number & Street / Apt.	#				
	City	County	State	Zip Code		
	o.i.y	County	o.u.o	_ip		
				0 , (
, n the Apr					Monmouth to contact any of the persons or organizations refere of Monmouth all information concerning my previous employn	
					subjects covered by the Application of Employment.	
hereby re	elease the County of	Monmouth, former employe	ers and all other	er persons fro	rom any and all claims, demands or liabilities arising out of or in	anv
	d to the examination					,
Annlicant	's Name (Print Legib	oly):				
						_
Have you	used any other nam	ne(s) different from name l	isted above?	Yes	No	
yes, provid	le name(s).					—
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.

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	Last Name	First Name		M.I.	Home: ()	
Address:	Permanent residence	/Number & Street/Apt. # (PO	Cell: ()			
			Work: ()			
Mailina	City	County	State	Zip Code	<u>. , , , , , , , , , , , , , , , , , , ,</u>	
Mailing Address:			E-mail:			
	Number & Street / Apt	. #				
	City	County	State	Zip Code		
CDL A	PPLICANT QU	JESTIONNAIRE —				
Section 4 or alcoho	0.25 (j) Monmouth C I test administered b	County must request of the	applicant wheth	ner he/she ha	rules mandated by the U.S. Department of Transportation, 49 (as tested positive, or refused to test, on any pre-employment d not obtain, safety-sensitive transportation work covered by	
Have you	tested positive or re	fused to test for a drug test v	when applying	for a position	within the past two years?	
			11,	ioi a position	Too 110	
Have you	tested positive or re-	fused to test for an alcohol t			tion within the past two years? Yes No	
I understa		es to either question above,	est when apply	ing for a posit		
I understa	and that if I answer Y	es to either question above,	est when apply	ing for a posit	tion within the past two years? Yes No	
I understa completion	and that if I answer Yon of the return-to-dut	es to either question above, ty process.	est when apply	ing for a posit	tion within the past two years? Yes No y-sensitive functions until and unless I document successful	
I understa completic	and that if I answer Yon of the return-to-dut	es to either question above, ty process.	est when apply I may not perfo	ing for a position the safety	tion within the past two years? Yes No y-sensitive functions until and unless I document successful	
I understa completic	and that if I answer You of the return-to-dut IDENTIAL CON ase is in accordance lated testing items:	es to either question above, ty process.	SE INFORM	ing for a position the safety MATION = on 40.25. I un	tion within the past two years? Yes No y-sensitive functions until and unless I document successful Date	
I understa completic	and that if I answer You of the return-to-dut IDENTIAL CON ase is in accordance lated testing items:	es to either question above, ty process. NSENT TO RELEAS with DOT Regulation 9 CFR a result of 0.04 or higher ale	SE INFORM	ing for a position the safety MATION = on 40.25. I un	tion within the past two years? Yes No y-sensitive functions until and unless I document successful Date	
I understa completic	IDENTIAL CON ase is in accordance plated testing items: 1. Alcohol tests with 2. Verified positive of	es to either question above, ty process. NSENT TO RELEAS with DOT Regulation 9 CFR a result of 0.04 or higher ale	SE INFORM R Part 40, Section	ing for a position the safety MATION = on 40.25. I unation;	tion within the past two years? Yes No y-sensitive functions until and unless I document successful Date Date	
I understa completic	IDENTIAL COP ase is in accordance allated testing items: 1. Alcohol tests with 2. Verified positive of 3. Refusals to be test	es to either question above, ty process. NSENT TO RELEAS with DOT Regulation 9 CFR a result of 0.04 or higher along tests;	SE INFORM R Part 40, Section	MATION = on 40.25. I unation;	tion within the past two years? Yes No y-sensitive functions until and unless I document successful Date Date	
I understa completic	IDENTIAL COR ase is in accordance allated testing items: 1. Alcohol tests with 2. Verified positive of 3. Refusals to be test 4. Other violations of	es to either question above, ty process. NSENT TO RELEAS with DOT Regulation 9 CFR a result of 0.04 or higher aldrug tests; sted; (including verified adultations)	SE INFORM R Part 40, Section cohol concentrated or substanting reg	MATION = on 40.25. I unation; tituted drug te ulations;	y-sensitive functions until and unless I document successful Date Date Date released is limited to the followest results);	
I understa completic	IDENTIAL COP ase is in accordance allated testing items: 1. Alcohol tests with 2. Verified positive of 3. Refusals to be test 4. Other violations of 5. Information obtain	es to either question above, ty process. NSENT TO RELEAS with DOT Regulation 9 CFR a result of 0.04 or higher ald drug tests; sted; (including verified adult) of DOT agency drug and alco	SE INFORM R Part 40, Section cohol concentrate terated or substantial testing reg s of a drug and	MATION = on 40.25. I un ation; tituted drug to ulations; alcohol rule v	tion within the past two years? Yes No y-sensitive functions until and unless I document successful Date Date Date Dest results); violation;	
Signature CONFI This relead DOT-regu	IDENTIAL COP ase is in accordance allated testing items: 1. Alcohol tests with 2. Verified positive of 3. Refusals to be test 4. Other violations of 5. Information obtain 6. Documentation, if	es to either question above, ty process. NSENT TO RELEAS with DOT Regulation 9 CFR a result of 0.04 or higher ald drug tests; sted; (including verified adult of DOT agency drug and alcounced from previous employers of any, of completion of the re-	SE INFORM R Part 40, Section cohol concentrate terated or substantial testing reg as of a drug and eturn-to-duty pro-	MATION = on 40.25. I un ation; tituted drug to ulations; alcohol rule vocess following	tion within the past two years? Yes No y-sensitive functions until and unless I document successful Date Date Date Dest results); violation;	

ADDENDUM C RETIREMENT FROM STATE PENSION

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

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Name:					Home: ()
	Last Name	First Name		M.I.	
Address:					Cell: ()
	Permanent residence /	Number & Street / Apt. # (PO b	oox not acceptal	ble)	
	City County S4		01-1-	te Zip Code	Work: ()
Mailing	City	County	State	∠ıp Code	
Address:					E-mail:
	Number & Street / Apt.	#			
	City	County	State	Zip Code	
Retireme	nt # or Former Memi	oership #:			Retirement Type: Disability Other
Employe	at Retirement:				Date of Retirement:
,p.:0,0.					Month / Day / Year
Please in	dicate the retiremen	t system from which you	retired: F	PERS PF	RS TPAF SPRS JRS
employme administe benefits r	ent. It is your resported retirement system and be suspended of our may also be requ	nsibility to inform your pro in and to understand the im it canceled entirely. If this	espective employr occurs, you v	oloyer that yo ment will have will be respon	ons imposed by laws and regulations governing post-retiremen u are receiving retirement benefits from a New Jersey State on those retirement benefits. In some instances your retiremen sible for the repayment of any benefits you were not entitled to different retirement system and make pension contributions into
	•	New Jersey Division of Pethe Treasury Website.	ensions & Ber	nefits, Fact Sh	eet #86, Employment After Retirement Restrictions, available or
Signature					