

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

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 & 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 & 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 <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 & Title</i>	<i>Telephone</i>	<i>E-mail</i>	<i>Address (number & street)</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>			
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MILITARY EXPERIENCE

Are you a Veteran? Yes No

<i>Branch of Service</i>	<i>Rank</i>	<i>Specialty</i>
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Duties / Special Training _____

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

ADDENDUM A RELEASE OF INFORMATION AUTHORIZATION



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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).

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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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.



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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