

**COUNTY OF UNION**  
 DEPARTMENT OF ADMINISTRATIVE SERVICES  
 DIVISION OF PERSONNEL MANAGEMENT AND LABOR RELATIONS  
 ADMINISTRATION BUILDING  
 ELIZABETH, NEW JERSEY 07207

**APPLICATION FOR SEASONAL EMPLOYMENT**  
*"An Equal Opportunity Employer"*

An EQUAL OPPORTUNITY EMPLOYER operating under the New Jersey Civil Service Merit System and an established Affirmative Action Program.

Do not include on the application form any information regarding age, race, color, creed, religion, sex, national origin or disability.

Complete entire application. A resume may supplement but not substitute for this application.

<b>PLEASE PRINT OR TYPE</b>			<b>POSITION APPLIED FOR</b>	
NAME (LAST)	(FIRST)	(MIDDLE)	SOCIAL SECURITY NUMBER	TELEPHONE NUMBER
HOME ADDRESS (NUMBER AND STREET)		(CITY)	(STATE)	(ZIP CODE)
NOTIFY IN CASE OF EMERGENCY (NAME)		(ADDRESS)		(TELEPHONE NUMBER)

HOW LONG HAVE YOU LIVED IN UNION COUNTY?

ALIEN REGISTRATION NUMBER  
 (IF NOT A CITIZEN) \_\_\_\_\_

DO YOU POSSESS A VALID DRIVER'S LICENSE?  YES  NO  
 (DO NOT ANSWER THIS QUESTION UNLESS IT IS A REQUIREMENT FOR THE POSITION APPLIED FOR.)

*EMPLOYMENT RECORD (LIST LAST OR PRESENT EMPLOYER FIRST)*

EMPLOYER NAME AND ADDRESS		JOB TITLE		REASON FOR LEAVING
LENGTH OF EMPLOYMENT FROM TO	LAST SALARY	SUPERVISOR'S NAME		SUPERVISOR'S TITLE
EMPLOYER NAME AND ADDRESS		JOB TITLE		REASON FOR LEAVING
LENGTH OF EMPLOYMENT FROM TO	LAST SALARY	SUPERVISOR'S NAME		SUPERVISOR'S TITLE
EMPLOYER NAME AND ADDRESS		JOB TITLE		REASON FOR LEAVING
LENGTH OF EMPLOYMENT FROM TO	LAST SALARY	SUPERVISOR'S NAME		SUPERVISOR'S TITLE

WHEN COULD YOU BE AVAILABLE TO BEGIN WORK?

MAY WE CONTACT YOUR PREVIOUS EMPLOYER(S)  YES  NO  
 IF NO, PLEASE INDICATE WHICH EMPLOYER(S) WE MAY CONTACT

PERSONAL COMPUTER   
 (List Programs)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

OTHER OFFICE SKILLS   
 (List)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

STENO   
 WPM \_\_\_\_\_

TYPING   
 WPM \_\_\_\_\_

EDUCATION

CIRCLE HIGHEST YEAR ATTENDED	NAME AND LOCATION OF SCHOOL	MAJOR COURSE OF STUDY AND DEGREE EARNED	WERE YOU GRADUATED
GRAMMAR SCHOOL 5 6 7 8			
HIGH SCHOOL 1 2 3 4			
COLLEGE 1 2 3 4			
OTHER SCHOOL OR APPRENTICESHIP			

U.S. MILITARY SERVICE

BRANCH OF SERVICE	RANK	SPECIALTY

SPECIAL SKILLS OR TRAINING RECEIVED

HOBBIES OR INTERESTS WHICH HAVE A DIRECT BEARING ON THE JOB YOU ARE SEEKING

ARE YOU NOW OR HAVE YOU EVER BEEN ENROLLED IN A STATE ADMINISTERED PENSION SYSTEM?

YES

NO

HAVE YOU EVER BEEN EMPLOYED BY THE COUNTY OF UNION, IF SO WHEN, AND IN WHAT CAPACITY?

YES

NO

OCCASIONALLY THE FORMAT OF AN APPLICATION DOES NOT ALLOW AN APPLICANT TO ADEQUATELY SUMMARIZE THEIR COMPLETE BACKGROUND. PLEASE USE THE SPACE BELOW TO SUMMARIZE ANY ADDITIONAL INFORMATION TO ASSIST US IN FINDING THE PROPER POSITION FOR YOU.

REFERENCES (NOT RELATIVES)

NAME	ADDRESS	TELEPHONE NUMBER	YEARS KNOWN

APPLICANT CERTIFICATION

I CERTIFY THAT THE INFORMATION SET FORTH ABOVE IS TO THE BEST OF MY KNOWLEDGE TRUE, CORRECT, AND COMPLETE. IT IS UNDERSTOOD THAT ANY MISREPRESENTATION OF FACTS OR ANY FALSE STATEMENTS ON THIS APPLICATION IS SUFFICIENT CAUSE FOR DISMISSAL.

**WORKING PAPERS ARE MANDATORY FOR ANYONE UNDER THE AGE OF 18 AND MUST BE SUBMITTED PRIOR TO THE FIRST DAY OF WORK.**

DATE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

IF THIS APPLICATION IS COMPLETED BY SOMEONE OTHER THAN THE APPLICANT, THE FOLLOWING MUST BE SIGNED:

I HEREBY ATTEST ALL STATEMENTS ON THE APPLICATION ARE TRUE AND THAT THE APPLICANT HAS COMPLETE KNOWLEDGE AND UNDERSTANDING OF ALL THE INFORMATION ON THE FORM.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_