



**COUNTY OF UNION
APPLICATION FOR EMPLOYMENT**

DEPARTMENT OF ADMINISTRATIVE SERVICES
DIVISION OF PERSONNEL MANAGEMENT AND LABOR RELATIONS
UNION COUNTY ADMINISTRATION BUILDING
10 ELIZABETHTOWN PLAZA ELIZABETH, NJ 07207

AN AFFIRMATIVE ACTION / 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.

APPLICANT INFORMATION

POSITION APPLIED FOR		WHEN WOULD YOU BE AVAILABLE TO BEGIN WORK?	
TYPE OF EMPLOYMENT FULL TIME PART TIME		E-MAIL ADDRESS	
FULL NAME (LAST, MIDDLE, FIRST)		TELEPHONE NUMBER	
STREET	CITY	STATE	ZIP CODE
DO YOU POSSESS A VALID DRIVER'S LICENSE? (IF APPLICABLE TO THE POSITION YOU APPLIED FOR) YES NO	HOW LONG HAVE YOU LIVED IN UNION COUNTY?	ARE YOU NOW OR HAVE YOU EVER BEEN ENROLLED IN A STATE ADMINISTERED PENSION SYSTEM? YES NO	

EMPLOYMENT RECORD (LIST LAST OR PRESENT EMPLOYER FIRST)

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

U.S. MILITARY SERVICE

BRANCH OF SERVICE	RANK	SPECIALTY
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SPECIAL SKILLS OR TRAINING RECEIVED

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 APPRENTICE			

MISCELLANEOUS

OFFICE AND/OR COMPUTER SKILLS INCLUDE STENO/TYPING WPM IF APPLICABLE	HOBBIES OR INTERESTS WHICH HAVE A DIRECT BEARING ON THE JOB YOU ARE SEEKING
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ADDITIONAL INFORMATION TO ASSIST IN FINDING THE PROPER POSITION FOR YOU

REFERENCES

FULL NAME	ADDRESS	TELEPHONE NUMBER	YEARS KNOWN
FULL NAME	ADDRESS	TELEPHONE NUMBER	YEARS KNOWN
FULL NAME	ADDRESS	TELEPHONE NUMBER	YEARS KNOWN

APPLICANT CERTIFICATION

I UNDERSTAND THAT THE COUNTY OF UNION IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE BASED ON ANY PROTECTED STATUS UNDER LAW, IN THE SELECTION OF CANDIDATES FOR INTERVIEW OR HIRING. I ALSO UNDERSTAND THAT THE COUNTY WILL CONSIDER REASONABLE ACCOMMODATIONS FROM ANY APPLICANT OR EMPLOYEE WITH A DISABILITY, WHO REQUESTS A REASONABLE ACCOMMODATION DURING THE APPLICATION OR INTERVIEW PROCESS OR DURING EMPLOYMENT. **BY MY SIGNATURE BELOW**, I ACKNOWLEDGE AND AGREE THAT IF I RECEIVE AN OFFER OF EMPLOYMENT FROM THE COUNTY, THE OFFER WILL BE MADE CONTINGENT ON ANY OR ALL OF THE FOLLOWING: CONFIRMATION OF MY REFERENCES, CONFIRMATION OF MY CERTIFICATION (IF APPLICABLE), SUCCESSFUL COMPLETION OF ANY PRE-EMPLOYMENT MEDICAL TESTING, DRUG SCREENING AND A CRIMINAL BACKGROUND CHECK. I ALSO UNDERSTAND THAT IF HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION. **BY MY SIGNATURE BELOW**, I CERTIFY THAT ALL OF MY STATEMENTS CONTAINED IN THIS APPLICATION, ON MY RESUME OR CV, AND ALL INFORMATION AND DOCUMENTS I PROVIDED OR WILL PROVIDE IN SUPPORT OF MY APPLICATION OR CANDIDACY FOR EMPLOYMENT (ORAL, WRITTEN AND ELECTRONIC) ARE ACCURATE AND TRUE WITHOUT QUALIFICATION. I UNDERSTAND THAT IF ANY STATEMENT OR INFORMATION IS FOUND TO BE FALSE, IT MAY BE GROUNDS FOR REJECTION OF MY APPLICATION, WITHDRAWAL OF AN OFFER OF EMPLOYMENT, OR TERMINATION OF EMPLOYMENT. **BY MY SIGNATURE BELOW**, I AUTHORIZE UNION COUNTY TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, CURRENT AND FORMER EMPLOYERS, EDUCATIONAL INSTITUTIONS, AND TO OTHERWISE INVESTIGATE AND VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION, MY RESUME/CV, AND ANY OTHER INFORMATION I PROVIDE TO THE COUNTY DURING THE APPLICATION PROCESS. I HEREBY RELEASE FROM LIABILITY UNION COUNTY AND ITS AGENTS AND REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, BUSINESS ENTITIES AND ORGANIZATIONS FOR PROVIDING SUCH INFORMATION TO THE COUNTY, EXCEPT THIS RELEASE DOES NOT AUTHORIZE DISCLOSURE OR USE OF DISABILITY OR MEDICAL-RELATED INFORMATION IN A MANNER PROHIBITED BY LAW. I FURTHER AUTHORIZE THE COUNTY (OR ITS AGENT OR REPRESENTATIVE) TO OBTAIN A CONSUMER CREDIT REPORT ABOUT ME AS PART OF LITIGATION RESEARCH OR A BACKGROUND INVESTIGATION. PURSUANT TO THE FAIR CREDIT REPORTING ACT 15 U.S.C. SECTION 1681 ET. SEQ., I AUTHORIZE ALL CREDIT REPORTING AGENCIES TO RELEASE AVAILABLE INFORMATION ABOUT MY CREDIT TO THAT FIRM OR ITS AGENT. I FURTHER RELEASE UNION COUNTY, AND ITS AGENTS AND REPRESENTATIVES, FROM ANY LIABILITY RELATED TO OBTAINING THIS INFORMATION. **BY MY SIGNATURE BELOW**, I AGREE THAT I FULLY UNDERSTAND THE STATEMENTS ABOVE AND AGREE TO BE BOUND BY THEM.

SIGNATURE OF APPLICANT	DATE
IF SOMEONE OTHER THAN THE APPLICANT COMPLETED THIS APPLICATION, 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 I PROVIDED ON THIS APPLICATION.	
SIGNATURE OF ATTESTER	DATE
ADDRESS	