



**COUNTY OF UNION
APPLICATION FOR SEASONAL 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 SEASONAL EMPLOYMENT		E-MAIL ADDRESS	
FULL NAME (LAST, FIRST, MIDDLE)		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		
LENGTH OF EMPLOYMENT FROM TO	SUPERVISOR'S NAME & TITLE	REASON FOR LEAVING	
EMPLOYER NAME	ADDRESS		
LENGTH OF EMPLOYMENT FROM TO	SUPERVISOR'S NAME & TITLE	REASON FOR LEAVING	
EMPLOYER NAME	ADDRESS		
LENGTH OF EMPLOYMENT FROM TO	SUPERVISOR'S NAME & TITLE	REASON FOR LEAVING	

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
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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	ADDRESS	DATE
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VOLUNTARY DEMOGRAPHIC INFORMATION

This information is used to determine if our equal employment opportunity efforts are reaching all segments of the population, consistent with Federal equal employment opportunity laws. **Responses to these questions are voluntary.** This form will be maintained in the Office of Affirmative Action and will not be made part of your Personnel file should you be hired. The aggregate information collected through this form will be kept private to extent permitted by law and be used solely for the purpose of collecting information for our Affirmative Action Plan.

Completion of this form is voluntary. No individual personnel selections are made based on this information. There will be no impact on your application regardless of whether you choose to answer any of these questions, but we encourage you to answer them regardless.

1. Name: _____
Position Applied For: _____

2. How did you learn about this position (Check One)

- Union County Internet Site**
- State of New Jersey Civil Service Commission Website**
- Employee Referral**
- Other**

3. Gender (Check One)

- Male**
- Female**
- Non-Binary/Undesignated**

4. Ethnicity/Race (Check One)

- Hispanic or Latino** – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- American Indian or Alaska Native** – a person having origins in any of the original peoples of North, and who maintains tribal affiliation or community attachment.
- Asian** - a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.
- Black or African American** – a person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** – a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.