

**Union County In School and Out of School Youth Employment Application**

UNDERLINED SECTIONS MUST BE COMPLETED. PLEASE COMPLETE ADDITIONAL FORMS IF INDICATED

**Today's Date:**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**SSN#:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_**DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_ MM/DD/YYYY**Gender:**  Female  Male**Name:** \_\_\_\_\_**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **County:** \_\_\_\_\_**Phone # 1:** ( ) \_\_\_\_\_ **Phone # 2:** ( ) \_\_\_\_\_ **Email:** \_\_\_\_\_ **Contact Preference:**  Postal  Fax  E-mail  Primary Phone  Alt. Phone**Ethnic Heritage:** (choose all that apply)  
 Hispanic or Latino  White  Black or African American  
 Alaskan/American Indian  Asian  Hawaiian/Pacific Islander  
 I choose not to respond**Marital and Family Status** (choose all that apply)  
 Married  Divorced  Unmarried  
**Household:**  One-parent  Two-parent  
 Not a Family Member(Single)  Other (Dependent, Child)  
 Optional: Pregnant**School Status:**  
In-school:  HS/secondary or Less  Alternative  HS/Post-secondary  
Out of School:  HS dropout  
 within compulsory age (16 or younger)  
 HS grad/equivalent**Employment Status:**  
 Employed  Not Employed  
 Employed-Received notice of termination  
 Not in Labor Force (not working + not seeking work)  
If employed are you working:  
 Full-time  Part-Time  
 Seasonal/Temporary  Self Employed  
If Not Employed and Homemaker:  
 Spouse providing support  Spouse not providing support**Education Level (Choose highest only):**  
 No grade  \_\_\_\_ Yrs completed, (1-11) no diploma  
 12th grade, no diploma  HS equivalency  12th grade, HS grad  
 Disabled w/ Cert. IEP**US Citizen:**  
 Yes  No  Permanent Resident or Exp.Date: \_\_\_\_\_  
Alien Reg.# (if applicable): \_\_\_\_\_Post-secondary/Vocational/Associates High School Plus:  
 **Post-secondary no degree:**  1 year  2 years  3 years  
 **Vocational Certificate:**  1 year  2 years  3 years  
 **Associates Degree:**  1 year  2 years  3 years  
 **Other Degree:**  BA/BS  Masters  PhD**Individual with Disability:**  Yes  No  Choose not to disclose [If Yes, please provide this information on Form D, which is kept confidential: Type of Disability: Hearing; Vision; Mental; Mobility; Cognitive//DD; Learning; Chronic Health]**Housing:**  
 Aged out of Foster Care  Foster Child  Homeless  Choose not to disclose  
 Own Home  Rent  Runaway  None Above Apply**Assessments:** Have you received any of the following in the last six months?  
 Academic Assessment (TABE, Best, CASAS)  
 Aptitude/Interest Inventory (NJCAN,  
 CareerScope) Skills Inventory (Provelt!, etc..)  
 Other(s): \_\_\_\_\_**Primary Language:**  English  Other Specify: \_\_\_\_\_**Selective Service** (Males born on or after January 1, 1960 only)  
 Yes  
 No  
 Selective Service #: \_\_\_\_\_**Military Service:**  No  Yes Branch: \_\_\_\_\_ See DVOP Checklist  
 Campaign Veteran  National Guard  /Reserve  Active Duty  
 Transitioning Vet  Discharge  Retirement  Other Eligible  
 Active Service From: \_\_\_\_\_ to : \_\_\_\_\_  
**Service Disability:**  
 Disabled  Not Disabled  Special Disabled  
Receiving Veteran's benefits or Assistance?  No  Yes  
If Yes, specify: \_\_\_\_\_**Social Services Received :**  
 Yes  No  
 Unemployment  
 TANF  
 Food Stamps  
 Other**Military Spouse - Are you:**  
 Active Duty Service Member Spouse  
 Service Member Widow  
 Disabled Veteran Spouse  
If active duty spouse, has your income been affected by spouse's deployment?  
 Yes  No**Additional Information :**  Single Parent  
 Youth Offender

### Employment Preferences

**Work Week:**  Full-Time  Part-Time  Both  Not Seeking Employment at this Time

**Duration:**  Regular (150 Days+)  Temporary (150 Days or Less)  Both

**Minimum Salary:** \$ \_\_\_\_\_ Per \_\_\_\_\_ **Date Available to Work:** \_\_\_\_\_ / \_\_\_\_\_

**Shift Preference:** Willing to work any shift?  Yes  No If No, which shift(s):  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  Split  Rotating

**Employment Objective:** \_\_\_\_\_

**Desired Job Title(s):** 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**Desired Employer(s):** 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**Acceptable Job Locations** (check one):  5  10  25  50  100 miles from Zip Code \_\_\_\_\_

**Work History (Current/Last Employer):** Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ End Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Wage: \$ \_\_\_\_\_ per \_\_\_\_\_

**Reason for Leaving:**  Lack of Work/Lay Off  Fired  Medical/Health  Quit  Retired  Still Employed  Strike  
 Other (Specify) \_\_\_\_\_

Job Duties: \_\_\_\_\_  
\_\_\_\_\_

**Work History (Current/Last Employer):** Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ End Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Wage: \$ \_\_\_\_\_ per \_\_\_\_\_

**Reason for Leaving:**  Lack of Work/Lay Off  Fired  Medical/Health  Quit  Retired  Still Employed  Strike  
 Other (Specify) \_\_\_\_\_

Job Duties: \_\_\_\_\_  
\_\_\_\_\_

**Additional Skills:** \_\_\_\_\_

**Professional Associations:** \_\_\_\_\_

### Certificate/Special Licenses

**Certificate/License:** \_\_\_\_\_ Issued by: \_\_\_\_\_

Issued Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

**Education-Course of Study:** \_\_\_\_\_ Degree: \_\_\_\_\_ School: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

### Driver's License

**License:**  No  Yes State: \_\_\_\_\_

**Type:**  CDL-A  CDL-B  CDL-C  Auto  Moped

**Endorsements:**  Passenger Transport  Hazardous Materials

Tank Vehicle  Motorcycle  School Bus  Doubles/Triples

Tank Hazards  Air Brakes

*I attest that the information provided is true and accurate any misrepresentation may be grounds for termination from program(s). I further understand that being determined eligible for services and/or training does not necessarily entitle me to service/training*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_ Reviewed/Verified By \_\_\_\_\_ Date \_\_\_\_\_

### Staff use only:

WIOA Adult  WIOA Dislocated Worker

WDP Grant (Specify: \_\_\_\_\_)

National Dislocated Worker Grant

TANF

Assistance start date: \_\_\_\_\_

SNAP

Case #: \_\_\_\_\_

GA

CAVP

**Income Status:**

100% LLSIL  70% LLSIL  Not Disclosed

Local Priority (Specify): \_\_\_\_\_

**Barriers to Employment:**

Youth In/Aged out of Foster Care

Indian/Alaska native/Native Hawaiian

Within 2yrs of TANF exhaustion

ELL/Lower Level Literacy AND Facing Substantial Cultural Barrier

Low-Income Individual  Displaced Homemaker  Disability

Homeless Individual  Long-Term Unemployed  Ex-Offender

Eligible MSFW  Single Parent  Older Individual

WDB (County)

Code: \_\_\_\_\_

WIOA Youth ISY  WIOA Youth OSY  Low-Income (LI)

High Poverty Area  5% Limitation

**Additional Info:**  Underemployed

Interested in Nontraditional Employment

**AOSOS ID#:**

\_\_\_\_\_

**OSY:**  Foster Youth  Dropout  Homeless  Not Attended Last Q

Offender  Low Income AND Basic Skills Deficient  Pregnant/parenting

Disability  Low Income AND youth who Requires Add'l Assistance (Local criterion only)

**ISY:**  Low-Income AND:  BSD  English Language Learner

Offender  Homeless  Foster Youth  Pregnant/parenting

Disability  Youth who Requires Add'l Assistance (local criterion only)

**Referral Source:**

DVRS  LWD  UI

CBO/FBO  Self  Other Local Area

Employer  Media  Adult Education  Library

Probation  Parole  Public Education  Relative/Friend

Re-entry/Second Chance  Public Assistance Agency

initials :



**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 SEASONAL EMPLOYMENT		E-MAIL ADDRESS	
FULL NAME (LAST, FIRST, MIDDLE INITIAL)		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	YEAR GRADUATED
GRAMMAR SCHOOL 5 6 7 8			
HIGH SCHOOL 1 2 3 4			
COLLEGE 1 2 3 4			
OTHER SCHOOL OR APPRENTICE			

**MISCELLANEOUS**

C: : 795 B8#CF7CADI H9F G?=@G P OSWOOAVOPUBVYUQ OAY UT AOKLUSOOCOSO	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 request 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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