### **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

APPLIC	CANT INFORMATIO	N			
Name: _					Home: ( )
	Last Name	First Name		M.I.	
Address:	Permanent residence / Number	· & Street / Apt. # (PO I	box not acceptab	ole)	Cell: ( )
					Work: ( )
	City	County	State	Zip Code	· · ·
Mailing					E-mail:
Address:	Number & Street / Apt. #				
	City	County	State	Zip Code	
	·	•		·	
If your pres	sent address above is less th	an five (5) years, pr	ovide your forr	mer address be	elow.
Address:	Permanent residence / Number &	Street / Apt.# (PO box	x not acceptable	)	
		, , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
-	City	County	State	Zip Code	
POSITI	ON INFORMATION				
Position o	f Interest:				Salary Requirement:
Type of E	mployment: Full-Time	Part-Time			What shift(s) are you able to work?
Would you	u be interested in temporar	y employment?	Yes No		□N/A □1st □2nd □3rd □Any
GENER	AL INFORMATION				
1. Can you	provide proof of citizenship	or authorization to v	ork in the U.S	. upon employi	ment? Yes No
2. Are you	at least 18 years of age? [	Yes No			
3. Were yo	ou ever employed by the Cou	nty of Monmouth?	Yes	No	
4. Have yo	ou ever applied to the County	of Monmouth before	e? Yes	No	
5. Are you	related to anyone currently w	orking for the Coun	ty of Monmout	_	No
6. Have yo	ou ever been discharged or a	sked to resign from	any employme	ent? Yes	If yes, indicate name and relationship.  No
If yes no	ovide an explanation.				
	ou used any other name(s) di	ferent from name lis	sted above?	Yes N	No.
	re you referred to the County				If yes, provide name(s).
_	Civil Service Commission Ex	camination List	Advertiseme	Specify	Other —
∐ Mo	onmouth County Website		Employee(s)		

### 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.

	State Major and			Degree	Minor and # of Cred	dits	Graduated	
		# of Credits Completed (e.g. Business)		(e.g. B.S.)	Completed (e.g. Accounting)			No
gh School								
ED								
usiness/Technical Vocational								
ndergraduate College								
raduate College								-
ost Graduate								
ICENSES / CERTIFICATION	ONS - Rele	evant to the position for	which	you are applying.				
	<u> </u>	-						
Name of License	$\prod_{}$	Issuing Authority (State / Other Authority)		License Number	Date Issued	Expir	ation Da	ate
	†							
RIVER'S LICENSE - Rele	vant to the	position for which you	are app	olying.				
o you have a valid NJ Driver's	s License?	Yes No NJ Driv	/er's Licei	 nse #				
o you have a valid NJ Commo	ercial Driver	's License (CDL)?	Yes	No Class	Endorseme			
your driver's license has ever	r been susp	ended, list the suspensio	n dates.		Lindorosiiis	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
NOWLEDGE AND ABILIT	 ΓIES							
Typing WPM		Transcribing			ord Processing			
Accounting / Bookkeep	ing [	Spreadsheet		Name  Web Design				
Explain  Database  Name				Name Other Name				
					Numo			

### **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 p	resent employer? Yes N
1	Supervisor Name & Title	Telephone	E-mail
Employer	Supervisor Name & Title	тевернопе	L-man
Address (number & street)	City	State	Zip Code
Title	Employed FromToTo	Month / Year Present	
Full-Time Part-Time # of hrs. / wk.			
Job Duties			
Reason for Leaving Current or Previous Employe	er		
2. <i>Employer</i>	Supervisor Name & Title	Telephone	E-mail
Address (number & street)	City	State	Zip Code
Title	Employed FromToTo	Month / Year	
	Month, , roal	World , rodi	
Full-Time Part-Time # of hrs. / wk.			
Job Duties			
Reason for Leaving Current or Previous Employe	er		
3			
3 Employer	Supervisor Name & Title	Telephone	E-mail
Address (number & street)	City	State	Zip Code
Title	Employed FromToTo	Month / Year	
	, ,		
Full-Time Part-Time # of hrs. / wk.			
Job Duties			
Reason for Leaving Current or Previous Employe	er		
MILITARY EXPERIENCE			
Are you a Veteran? Yes No Branch of Serv	rice Rank	Specialty	,
Branch of Serv Duties / Special Training		Specialty	,
Are you a surviving spouse or parent of a veterar	n? (Civil Service Veterans Preference ma	ay apply) Yes No	

Applicant Name			
REFERENCES  Provide the names of three people (knowledge and abilities.	not relatives) that have known you for at leas	st five years, who can attest to yo	ur character, job skills
1. Name:			
Address:	E-mail	Telephone	
		State	Zip Code
2. Name:	E-mail	Telephone	
Address: Street	City	State	Zip Code
3. Name:	E-mail	Telephone	
Address:	City	State	Zip Code
LEGAL HISTORY			
In accordance with the "Opportunity to C criminal history during the initial employr  Unless you are applying for a position	Compete Act," effective March 1, 2015, the County nent application process, except for certain position in law enforcement, corrections, or emergence NOT complete the following section at this to	ons where the law permits or requires cy management, or are specifically	the County to do so.
Applicants for law enforcement position AND EXPUNGEMENTS.	ns, including Public Safety Telecommunicators	, are required to disclose ALL ARRE	ESTS, CONVICTIONS
Have you ever been convicted of or pled Jersey or elsewhere, which has not been	guilty to a crime, inisdemeanor, disorderly person n expunged? Yes No	's offense or other offense (other than	a parking ticket) in New
IF YOUR ANSWER IS "YES", GIVE DISPOSITION OF THE CASE.	DATE AND NATURE OF EACH OFFENSE, 1	THE NAME AND LOCATION OF	THE COURT AND THE
Date(s) and Nature of Charge(s): Date(s	) Natur	e of Charge(s)	
Name and Location of Court:	Adde	ress of Courthouse	
Disposition:	Addi	ess of Countriouse	
Specify			
process, the County will require that you conditionally offered employment. Excepthe position; rather, the County will consi	required to disclose your criminal history on this ap i do so at that time. Additionally, the County will of it in certain limited circumstances, a conviction will der (1) the nature and gravity of the offense, (2) the entence. Any false statement or omission during t	conduct a criminal background check not automatically disqualify an applic e nature of the job being sought, and (	on all applicants who are ant from consideration fo 3) the length of time since
DRUG & ALCOHOL POLICY			
they hold a Commercial Driver's License Transit Administration, Department of employment physical examination, whi including via appeals or re-employment vehicle or in a safety sensitive position as demployment. Refusal to sign the appropriate the same of th	e Workplace. The County requires all offers of em (CDL), performing safety sensitive functions a Transportation (DOT) regulations, are condition ch includes a drug screen. This applies to transf lists, and temporary employees whose job duties refined by the County. Failure to pass pre-employmentate release and consent forms for testing or failunt disqualified for employment. If an applicant has by Human Resources Department.	as defined by Federal Highway Ad the don the applicant's ability to pas- fer employees, former employees ret- require a CDL. This also applies to any thent screening will result in withdrawa ture to provide a valid specimen for tes	ministration and Federa s a DOT mandated pre urning to County service employee driving a Count il of a conditional offer of ting will be regarded as a
UNDERSTANDING AND AC			
omission of information shall be grounds be required to provide legal proof of auti referenced in this application. I authorize	by me in connection with my application is true and for disqualification for employment or if hired, termorization to work in the U.S. I authorize the Counce the references to give the County of Monmouth and the with regard to any of the subjects covered to the council of the subjects covered the council of the council	mination. I understand that as a cond try of Monmouth to contact any of the all information concerning my previous	ition of employment, I wi persons or organization
Signature		Date	

# ADDENDUM A RELEASE OF INFORMATION AUTHORIZATION

www.visitmonmouth.com Phone 732-431-7300

Fax 732-431-7924

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APPLIC	CANT INFORM	IATION			
lame: _					Home: ( )
	Last Name	First Name		M.I.	
Address:					Cell: ( )
	Permanent residence	/ Number & Street / Apt. # (PO b	ox not acceptab	le)	
-					Work: ( )
lailing	City	County	State	Zip Code	
ddress:	November 9 Office of / Aut	ш			E-mail:
	Number & Street / Apt.	#			
-	City	County	State	Zip Code	
	City	County	State	Zip Code	
,					f Monmouth to contact any of the persons or organizations referen
					of Monmouth all information concerning my previous employm subjects covered by the Application of Employment.
		, 0	· ·	,	
	elease the County of d to the examination		ers and all oth	er persons fro	rom any and all claims, demands or liabilities arising out of or in
•					
Applicant	s Name (Print Legik	oly):			
Have you	used any other nam	ne(s) different from name l	isted above?	Yes	No
yes, provid	le 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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www.visitmonmouth.com Phone 732-431-7300 Fax 732-431-7924

	Last Name	First Name	-	M.I.	Home: ( )			
Address:	Permanent residence	/ Number & Street / Apt. # (PO	box not acceptab	Cell: ()				
			Work: ( )					
Mailing	City	County	State	Zip Code				
Mailing Address:			E-mail:					
	Number & Street / Apt.	.#						
	City	County	State	Zip Code				
CDL A	PPLICANT QU	IESTIONNAIRE -						
Section 4 or alcoho	0.25 (j) Monmouth C I test administered by	County must request of the	applicant wheth applicant appli	ner he/she ha	rules mandated by the U.S. Department of Transportation, 49 C as tested positive, or refused to test, on any pre-employment of not obtain, safety-sensitive transportation work covered by E			
Have you tested positive or refused to test for a drug test when applying for a position within the past two years?								
-	Have you tested positive or refused to test for an alcohol test when applying for a position within the past two years?							
	tested positive or ref	fused to test for an alcohol t						
Have you		es to either question above,	est when apply	ing for a posit				
Have you	and that if I answer Y	es to either question above,	est when apply	ing for a posit	tion within the past two years?			
Have you I understa completic	and that if I answer Yo	es to either question above, ty process.	est when apply I may not perfo	ing for a posit	tion within the past two years? Yes No y-sensitive functions until and unless I document successful			
Have you I understa completic Signature CONF	and that if I answer Your of the return-to-dut	es to either question above, ty process.	est when apply I may not perfo	ing for a position the safety	tion within the past two years? Yes No y-sensitive functions until and unless I document successful			
Have you I understa completic Signature CONF	and that if I answer Your of the return-to-dut  IDENTIAL CON  ase is in accordance allated testing items:	es to either question above, ty process.	est when apply I may not perform  E INFORM Part 40, Section	ing for a position the safety  MATION = on 40.25. I un	tion within the past two years? Yes No y-sensitive functions until and unless I document successful  Date			
Have you I understa completic Signature CONF	and that if I answer Your of the return-to-dut  IDENTIAL CON  ase is in accordance allated testing items:	es to either question above, ty process.  NSENT TO RELEAS  with DOT Regulation 9 CFR  a result of 0.04 or higher ale	est when apply I may not perform  E INFORM Part 40, Section	ing for a position the safety  MATION = on 40.25. I un	tion within the past two years? Yes No y-sensitive functions until and unless I document successful  Date			
Have you I understa completic Signature CONF	IDENTIAL CON ase is in accordance allated testing items:  1. Alcohol tests with 2. Verified positive design of the return-to-dut	es to either question above, ty process.  NSENT TO RELEAS  with DOT Regulation 9 CFR  a result of 0.04 or higher ale	est when apply I may not perform  E INFORM P Part 40, Section	ing for a position the safety  MATION = on 40.25. I unation;	y-sensitive functions until and unless I document successful  Date  Date			
Have you I understa completic Signature CONF	IDENTIAL CON ase is in accordance allated testing items:  1. Alcohol tests with 2. Verified positive d 3. Refusals to be test	es to either question above, ty process.  NSENT TO RELEAS  with DOT Regulation 9 CFR  a result of 0.04 or higher ale	est when apply I may not perform SE INFORM R Part 40, Section cohol concentrate	MATION = on 40.25. I unation;	y-sensitive functions until and unless I document successful  Date  Date			
Have you I understa completic Signature CONF	and that if I answer You of the return-to-dute on of the return-to-dute on of the return-to-dute of the return	es to either question above, ty process.  NSENT TO RELEAS  with DOT Regulation 9 CFR  a result of 0.04 or higher all frug tests;  sted; (including verified adul-	est when apply I may not perform  SE INFORM R Part 40, Section cohol concentrated or substantial terated or substa	MATION = on 40.25. I unation; tituted drug te ulations;	tion within the past two years?  Yes  No  y-sensitive functions until and unless I document successful  Date  Date  derstand that information to be released is limited to the followest results);			
Have you I understa completic Signature CONF	IDENTIAL CON ase is in accordance allated testing items:  1. Alcohol tests with 2. Verified positive d 3. Refusals to be test 4. Other violations o 5. Information obtain	es to either question above, ty process.  NSENT TO RELEAS  with DOT Regulation 9 CFR  a result of 0.04 or higher ald  frug tests;  sted; (including verified adult  of DOT agency drug and alco	SE INFORM R Part 40, Section cohol concentrate terated or substantial testing reg s of a drug and	MATION = on 40.25. I un ation; tituted drug to ulations; alcohol rule v	tion within the past two years?  Yes No y-sensitive functions until and unless I document successful  Date  Date  Inderstand that information to be released is limited to the follow est results);  violation;			
Have you I understa completic  Signature  CONFI This relea DOT-regu	IDENTIAL CON  ase is in accordance fulated testing items:  1. Alcohol tests with 2. Verified positive d 3. Refusals to be test 4. Other violations o 5. Information obtain 6. Documentation, if	es to either question above, ty process.  NSENT TO RELEAS  with DOT Regulation 9 CFR  a result of 0.04 or higher ald frug tests; sted; (including verified adult of DOT agency drug and alcounced from previous employers of any, of completion of the re-	SE INFORM R Part 40, Section cohol concentrate terated or substance to testing reg s of a drug and eturn-to-duty pro-	MATION = on 40.25. I un ation; tituted drug to ulations; alcohol rule vocess following	tion within the past two years?  Yes No y-sensitive functions until and unless I document successful  Date  Date  Inderstand that information to be released is limited to the follow est results);  violation;			

# 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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Name:					Home: ( )
	Last Name	First Name		M.I.	
Address:					Cell: ()
	Permanent residence /	Number & Street / Apt. # (PO b	oox not acceptal	ble)	
-	City County		State Zip Code		Work: ( )
Mailing	City	County	State	∠ıp Code	
Address:					E-mail:
	Number & Street / Apt.	#			
	City	County	State	Zip Code	
Retireme	nt # or Former Memi	pership #:			Retirement Type: Disability Other
Employe	at Retirement:				Date of Retirement:
,p.:0,0.					Month / Day / Year
Please in	dicate the retiremen	t system from which you	retired: F	PERS PF	RS TPAF SPRS JRS
employme administe benefits r	ent. It is your resported retirement system and be suspended of our may also be requ	nsibility to inform your pro in and to understand the im it canceled entirely. If this	espective employr occurs, you v	oloyer that yo ment will have will be respon	ons imposed by laws and regulations governing post-retiremen u are receiving retirement benefits from a New Jersey State on those retirement benefits. In some instances your retiremen sible for the repayment of any benefits you were not entitled to different retirement system and make pension contributions into
	•	New Jersey Division of Pethe Treasury Website.	ensions & Ber	nefits, Fact Sh	eet #86, Employment After Retirement Restrictions, available or
Signature					