

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 this form and Application for Employment to:
Monmouth County Human Resources Department
Hall of Records, 1 East Main Street, Freehold, New Jersey 07728

www.visitmonmouth.com
732-431-7300

APPLICANT INFORMATION

Name: _____
Last Name First Name M.I.

Address: _____
Permanent residence / Number & Street / Apt.# (PO box not acceptable)

City County State Zip Code

Mailing Address: _____

If your present address above is less than five (5) years, provide that address below.

Former Address: _____
Permanent residence / Number & Street / Apt.# (PO box not acceptable)

City County State Zip Code

Social Security # _____
Telephone #'s we may use to contact you:

Home: () _____

Cell: () _____

Work: () _____

E-mail: _____

POSITION INFORMATION

Title Applying for: _____

Salary Requirement: _____

Type of Employment: Full-Time Part-Time

What shift(s) are you able to work?

Would you be interested in temporary employment? Yes No

N/A 1st 2nd 3rd Any

GENERAL INFORMATION

1. Can you provide proof of citizenship or authorization to work in the U.S. upon employment? Yes No

2. Are you at least 18 years of age? Yes No

3. Were you ever employed by the County of Monmouth? Yes No _____
Date(s)

4. Have you ever applied to the County of Monmouth before? Yes No _____
Date(s)

5. Are you related to anyone currently working for the County of Monmouth? Yes No

If yes, indicate the relationship.

6. Have you ever been discharged or asked to resign from any employment? Yes No

If yes, provide an explanation.

7. Have you used any other name(s) different from name listed above? Yes No

If yes, provide name(s).

8. How were you referred to the County? (Check all that apply)

NJ Civil Service Commission Examination List Advertisement _____ Other _____
Specify

Monmouth County website Employee _____

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.

EDUCATION - Proof of specific education requirements must be submitted with the application; e.g., copy of degree, transcript with specific courses identified.								
Name	State	Major and # of Credits Completed <i>(e.g. Business)</i>	Degree <i>(e.g. B.S.)</i>	Minor and # of Credits Completed <i>(e.g. Accounting)</i>	Graduated		Yes	No
High School								
GED								
Business/Technical or Vocational								
Undergraduate College								
Graduate College								
Doctorate								

LICENSES / CERTIFICATIONS - Relevant to the position you are applying for.				
Name of License	Issuing Authority <i>(State / Other Authority)</i>	License Number	Date Issued	Expiration Date

DRIVER'S LICENSE - Relevant to the position you are applying for.

Do you have a valid NJ Driver's License? Yes No _____
NJ Driver's License #

Do you have a valid NJ Commercial Driver's License (CDL)? Yes No _____
Class *Endorsements*

If your driver's license was suspended, list the suspension dates. _____
Dates

KNOWLEDGE AND ABILITIES

Typing WPM _____ Transcribing _____ Word Processing _____
Explain *Name*

Accounting / Bookkeeping _____ Spreadsheet _____ Web Design _____
Name

Database _____ Other _____
Name *Name*

FOREIGN LANGUAGE ABILITIES (Optional)

If there are any foreign languages, including sign languages, in which you are proficient enough to communicate on the job, and are willing to use on the job (now and in the future), please list them here: _____

EMPLOYMENT EXPERIENCE

Starting with your present or most recent employer, list all full-time and part-time employment history for the past ten years. I understand that any misstatement, falsification or omission of information shall be grounds for refusal to hire or if hired, termination.

May we contact your present employer? Yes No

1. _____

Employer _____	Supervisor Name & Title _____	Telephone _____	E-mail _____
Address (number & street) _____		City _____	State _____ Zip Code _____
Title _____	Employed From _____ / _____ / _____ To _____ / _____ / _____	Present	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time _____ # of hrs. / wk.	Starting Salary _____	Final Salary _____	
Job Duties _____			
Reason for Leaving _____			

2. _____

Employer _____	Supervisor Name & Title _____	Telephone _____	E-mail _____
Address (number & street) _____		City _____	State _____ Zip Code _____
Title _____	Employed From _____ / _____ / _____ To _____ / _____ / _____		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time _____ # of hrs. / wk.	Starting Salary _____	Final Salary _____	
Job Duties _____			
Reason for Leaving _____			

3. _____

Employer _____	Supervisor Name & Title _____	Telephone _____	E-mail _____
Address (number & street) _____		City _____	State _____ Zip Code _____
Title _____	Employed From _____ / _____ / _____ To _____ / _____ / _____		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time _____ # of hrs. / wk.	Starting Salary _____	Final Salary _____	
Job Duties _____			
Reason for Leaving _____			

MILITARY EXPERIENCE

Are you a Veteran? Yes No _____
Branch of Service _____ Rank _____ Specialty _____

Duties / Special Training _____

Are you a surviving spouse or parent of a veteran? (Civil Service Veterans Preference may apply) Yes No

REFERENCES

Provide the names of three people (no relatives) that have known you for at least five years, who can attest to your character, job skills, knowledge and abilities.

1. Name: Occupation Telephone
Address: Street City State Zip Code
2. Name: Occupation Telephone
Address: Street City State Zip Code
3. Name: Occupation Telephone
Address: Street City State Zip Code

LEGAL HISTORY

In accordance with the "Opportunity to Compete Act," effective March 1, 2015, the County of Monmouth no longer asks about a prospective employee's criminal history during the initial employment application process, except for certain positions where the law permits or requires the County to do so.

HAVE YOU EVER BEEN CONVICTED OF OR PLED GUILTY TO A CRIME, MISDEMEANOR, DISORDERLY PERSON'S OFFENSE, OR OTHER OFFENSE (other than a parking ticket), IN NEW JERSEY OR ELSEWHERE, WHICH HAS NOT BEEN EXPUNGED? Yes No

APPLICANTS FOR SWORN LAW ENFORCEMENT POSITIONS ARE REQUIRED TO DISCLOSE ALL ARRESTS, CONVICTIONS AND EXPUNGEMENTS.

IF YOUR ANSWER IS "YES", GIVE DATE AND NATURE OF EACH OFFENSE, THE NAME AND LOCATION OF THE COURT AND THE DISPOSITION OF THE CASE.

Date(s) and Nature of Charge(s): Date(s) Nature of Charge(s)
Name and Location of Court: City(s) Address of Courthouse
Disposition: Specify

All applicants please note: If you are not required to disclose your criminal history on this application, upon completion of the initial employment application process, the County will require that you do so at that time. Additionally, the County will conduct a criminal background check on all applicants who are conditionally offered employment.

SUBSTANCE ABUSE POLICY

The County of Monmouth requires all offers of employment extended to applicants whose job duties require that they hold a Commercial Driver's License including the performance of safety sensitive functions as defined by Federal Highway Administration and Federal Transit Administration, Department of Transportation regulations, be conditioned on the applicant's ability to pass a Department of Transportation mandated pre-employment physical examination, which includes a drug screen.

UNDERSTANDING AND ACCEPTANCE

I certify that all the information provided by me in connection with my application is true and complete. I understand that any misstatement, falsification or omission of information shall be grounds for disqualification for employment or if hired, termination. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.

APPLICATION FOR EMPLOYMENT- ADDENDUM A RELEASE OF INFORMATION AUTHORIZATION



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732-431-7300

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APPLICANT INFORMATION

Name: _____
Last Name First Name M.I.

Address: _____
Permanent residence / Number & Street / Apt.# (PO box not acceptable)

City County State Zip Code

Mailing Address: _____

Social Security # _____
Telephone #'s we may use to contact you:

Home: () _____

Cell: () _____

Work: () _____

E-mail: _____

I, _____, authorize the County of Monmouth to contact any of the persons or organizations referenced in the Application for Employment. I authorize the references to give the County of Monmouth all information concerning my previous employment, education or any other pertinent information they might have with regard to any of the subjects covered by the Application of Employment.

I hereby release the County of Monmouth, former employers and all other persons from any and all claims, demands or liabilities arising out of or in any way related to the examination of my background.

Applicant's Name (Print Legibly): _____

Have you used any other name(s) different from name listed above? Yes No:

If yes, provide name(s).

Social Security Number: _____

Signature

Date

APPLICATION FOR EMPLOYMENT- 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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Home: () _____

City County State Zip Code

Cell: () _____

Mailing Address: _____

Work: () _____

E-mail: _____

CDL APPLICANT QUESTIONNAIRE

In compliance with the Omnibus Transportation Employee Testing Act of 1991 and the rules mandated by the U.S. Department of Transportation, 49 CFR, Section 40.25 (j) Monmouth County must request of the applicant whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the applicant applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years.

Have you tested positive or refused to test for a drug test when applying for a position within the past two years? Yes No

Have you tested positive or refused to test for an alcohol test when applying for a position within the past two years? Yes No

I understand, that if I answer yes to either question above I may not perform the safety-sensitive functions until and unless I document successful completion of the return-to-duty process.

Signature

Date

CONFIDENTIAL CONSENT TO RELEASE INFORMATION

This release is in accordance with DOT Regulation 9 CFR Part 40, Section 40.25. I understand that information to be released is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher alcohol concentration;
2. Verified positive drug tests;
3. Refusals to be tested; (including verified adulterated or substituted drug test results);
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

I hereby authorize previous employers to release my information regarding the Department of Transportation regulated drug and alcohol testing records.

Applicant Consent Signature

Date



616 WASHINGTON ST., TOMS RIVER NJ 08753
PH : 732-998-8406

Disclosure and Authorization Release Form



Applicant's Full Name: _____
Last First Middle Suffix (Sr., Jr.)

Social Security Number: _____ - _____ - _____ **Date of Birth:** _____
Month Day Year

Current Address: _____
Street Address (Apt.)
City State Zip Code

By signing below I authorize Trionaid Associated, Inc. (TAI) and its agents to obtain a Investigative Report on me as part of a Monmouth County Parks and Recreation investigation process. I understand that this report is limited to records containing criminal/sex offender information. I hereby release and discharge TAI, its affiliates, and its agents from any liabilities, expenses, losses, damages for this investigative process to include the accuracy or timeliness of information obtained from other sources.

I certify that the information provided is true and complete. Any false statement on this form, the application, and/or on my resume shall be considered sufficient cause for termination at any time.

Signature: _____ **Date:** _____

A Summary of Your Rights Under FCRA

The FACRA act promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.**
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the file which is under ("file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - *You are the victim of identity theft and place a fraud alert in your file
 - *Your file contains inaccurate information as a result of fraud
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need. Usually to consider an application with an employer, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov

Para información en español, visite www.ftc.gov escriba a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.