

ATLANTIC COUNTY GOVERNMENT
Division of Human Resources
1333 Atlantic Avenue • Atlantic City, NJ 08401-8394
www.aclink.org



- APPLICATION FOR EMPLOYMENT -

(PLEASE PRINT)

Position desired:	Other positions you feel qualified for:
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PERSONAL DATA

Name _____
Last
First
Middle

Address _____
Number
Street
City

_____ County _____
State
Zip

Telephone _____ Message Phone _____
Area Code
Area Code

Are you either a United States citizen or a permanent resident? Yes No

Are you 18 years of age or over? Yes No Are you related to any County employee? Yes No

If so, please provide name and relationship: _____

Have you ever held a position with Atlantic County Government? Yes No

If yes, please provide date(s) of prior employment: _____

PREVIOUS EMPLOYMENT HISTORY

List most recent employer first. Use additional sheets if necessary.

May we make a reference check with your present employer(s)? Yes No Initials _____

<p>(1)</p> <p>Employer _____ Phone _____</p> <p>Street Address _____ City/State _____ Zip Code _____</p> <p>Dates Employed (from/to) _____ Supervisor _____</p> <p>Position Held _____</p> <p>Duties _____</p> <p>Reason for Leaving _____ Salary _____</p>	<p>(3)</p> <p>Employer _____ Phone _____</p> <p>Street Address _____ City/State _____ Zip Code _____</p> <p>Dates Employed (from/to) _____ Supervisor _____</p> <p>Position Held _____</p> <p>Duties _____</p> <p>Reason for Leaving _____ Salary _____</p>
<p>(2)</p> <p>Employer _____ Phone _____</p> <p>Street Address _____ City/State _____ Zip Code _____</p> <p>Dates Employed (from/to) _____ Supervisor _____</p> <p>Position Held _____</p> <p>Duties _____</p> <p>Reason for Leaving _____ Salary _____</p>	<p>(4)</p> <p>Employer _____ Phone _____</p> <p>Street Address _____ City/State _____ Zip Code _____</p> <p>Dates Employed (from/to) _____ Supervisor _____</p> <p>Position Held _____</p> <p>Duties _____</p> <p>Reason for Leaving _____ Salary _____</p>

Have you ever been dismissed from any of these positions? Yes No

OFFICE SKILLS

Typing speed: _____

Computer, Hardware/Software packages: _____

EDUCATION

	<i>School Name & Location</i>	<i>Highest Grade Completed</i>	<i>Degree/Course of Study</i>
High School			
College			
Graduate			
Other Special Training			

State any additional information you feel may be helpful to us in considering your application, such as languages, professional associations, occupational licenses, certificates, etc.

UNITED STATES MILITARY SERVICE

Veteran: Yes. If yes, a copy of DD214 is required. No Service Branch _____

Special Service Training _____

If a tentative offer of employment is made, are you willing to:

a) receive a complete pre-hire health screening? Yes No

b) authorize a release of the results to the Division of Human Resources? Yes No

REFERENCES

Please provide (3) references who are not related to you and who are not previous employers.

<i>Name</i>	<i>Street Address</i>	<i>City/State/Zip Code</i>	<i>Phone Number</i>
1. _____			
2. _____			
3. _____			

In case of emergency contact:

<i>Name</i>	<i>Street Address</i>	<i>City/State</i>	<i>Zip Code</i>	<i>Phone</i>	<i>Relationship</i>

We are an Equal Employment Opportunity Employer. All applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, physical or mental disabilities, or other status as protected by Federal or State Law.

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and does not intend to be a contract of employment.

I understand that if my application is incomplete it may be rejected.

I understand that submission of false information on this application or in an employment interview is grounds for withdrawal of job offer or termination of employment. I understand, also, that I am required to abide by all rules and regulations of Atlantic County Government.

Signature _____ Date of Application _____

E.E.O.

The Federal Equal Employment Opportunity Commission requires us to monitor employment and referral. The data requested on this form will only be used for information and reporting purposes. In no case will it affect a hiring decision or tenure of employment. Submission of information is voluntary.

(PLEASE PRINT)

Date _____

Position(s) Applied for: _____

Referral Source:

- Advertisement Friend Relative Walk In County Web Page

Other _____

Personal Data:

Male Female Date of Birth: _____ Social Security Number: _____

Race/Ethnic Group:

- White (not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.
- 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 (not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian (not Hispanic or Latino) - 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, and Vietnam.
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or More Races (not Hispanic or Latino) - All persons who identify with more than one of the above five races.

Driver's License Information:

If the operation of a vehicle is necessary for this position, a valid N.J. driver's license is required.

Do you have a valid N.J. license? Yes No

If position requires a Commercial Driver's License (CDL), please list driver's license number:

List level of CDL endorsement(s) held: _____

In accordance with NJSA 34 ("Right To Know" law), information is available on hazardous substances you may be potentially exposed to at various work sites. For more information, contact the Atlantic County Division of Public Health.

FOR HUMAN RESOURCES USE ONLY

Application Retention Date _____ Category _____

Application Referred	Date Sent	Action Taken	Initials
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____