|  |
| --- |
| We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or legally protected status. |

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| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Position(s) Applied For | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Date of Application | | | | | | | | | | | | | |  | | | | |
| How did you learn about us?   |  | | --- | | Advertisement  Employment Agency  Friend  Walk-In  Relative  Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | |  | | | | | | | | | | | | | | | | | | | First Name: | | | | |  | | | | | | | | | | | | Middle Name: | | | | | | | | |  | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | | | City | | | | |  | | | | | | | | | | | | State | | | | |  | | | | | | Zip | | | |  | |
| Phone | |  | | | | | | | | | | | | | E-mail Address | | | | | |  | | | | | | | | | | | | | | | Social Security No | | | | | | | | | | | | |  | | | | | |
| Date Available | | | | | | |  | | | | | | Are you available to work: Full Time  Part Time  Shift Work  Temporary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you are under 18 years of age, can you provide required proof of your eligibility to work? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | | | | | | | | | | | |
| Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  *(Proof of citizenship or immigration status will be required upon employment)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | NO | | | |
| Have you ever filed an application with us before? | | | | | | | | | | | | | | | | YES | | | | NO | | | Have you ever been employed with us before? | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | NO |
| Are you currently employed? | | | | | | | | | | | | | | | | YES | | | | NO | | | If so may we contact your present employer? | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | NO |
| Morris County workplace facilities are declared “smoke-free”. Do you smoke? If you do not answer this question, it will be assumed that you are a smoker. YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you been convicted of a felony in the last 7 years? | | | | | | | | | | | | | | | | | | | | YES  NO | | | | | | | | If yes, explain: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Can you travel if job requires? | | | | | | | | | | | | YES  NO | | | | | Are you physically or otherwise able to perform duties for this job? YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| College Graduate: | | | | | | | | | YES  NO | | | | | | Degree: | | |  | | | | | | | Course of Study? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| References | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list three professional references. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | |  | | | | | | | | | | | | | | | | | | | Relationship | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | |  | | | | | | | | | | | | | | | | | | | Phone: | | | | |  | | | | | | | | | | | | Years Acquainted? | | | | | | | | | | |  | | |
| Name | | | | |  | | | | | | | | | | | | | | | | | | | Relationship | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | |  | | | | | | | | | | | | | | | | | | | Phone: | | | | | |  | | | | | | | | | Years Acquainted? | | | | | | | | | | | | |  | | |
| Name | | | | |  | | | | | | | | | | | | | | | | | | | Relationship | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | |  | | | | | | | | | | | | | | | | | | | Phone: | | | | | |  | | | | | | | | | | | | Years Acquainted? | | | | | | | | | |  | | |
| Military Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever had any job-related training in the United States Military? YES  NO  If yes please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you physically or otherwise unable to perform the duties of the job for which you are applying: YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous Employment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company | | | |  | | | | | | | | | | | | | | | | | | | | | | | Phone | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Job Title | | |  | | | | | | | | | | | | | | | | Starting Salary | | | | | | | | $ | | | | | | | | Ending Salary | | | | | | | | | | | $ | | | | | | | | |
| Responsibilities | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From |  | | | | | | | To | | |  | | | Reason for Leaving | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | YES | | | | | NO | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Company | | | |  | | | | | | | | | | | | | | | | | | | | | | | Phone | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Job Title | | |  | | | | | | | | | | | | | | | | Starting Salary | | | | | | | | $ | | | | | | | | Ending Salary | | | | | | | | | | | $ | | | | | | | | |
| Responsibilities | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From |  | | | | | | | To | | |  | | | Reason for Leaving | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | YES | | | | | NO | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Company | | |  | | | | | | | | | | | | | | | | | | | | | | | | Phone | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Job Title | | |  | | | | | | | | | | | | | | | | Starting Salary | | | | | | | | $ | | | | | | | | Ending Salary | | | | | | | | | | | $ | | | | | | | | |
| Responsibilities | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From |  | | | | | | | To | | |  | | | Reason for Leaving | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | YES | | | | | NO | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Company | | |  | | | | | | | | | | | | | | | | | | | | | | | | Phone | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Job Title | | |  | | | | | | | | | | | | | | | | Starting Salary | | | | | | | | $ | | | | | | | | Ending Salary | | | | | | | | | | | $ | | | | | | | | |
| Responsibilities | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From |  | | | | | | | To | | |  | | | Reason for Leaving | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | YES | | | | | NO | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Special Skills and Qualifications:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  | | --- | | Keyboarding – WPM \_\_\_  Personal Computer  Word Processing  Microsoft Word  Microsoft Excel | | Word Perfect Office  Calculator (to touch)  Filing  General Accounting  Multi-line Phone | | Describe any specialized training/skills that might be useful in this position: | |  | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disclaimer and Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby certify that the information in this application is true and correct to the best of my knowledge.  I understand and agree that the County may research all statements and claims made on this application and make reference checks as may be necessary in arriving at an employment decision.  I further understand that any misrepresentation or omission of facts upon this application or in an interview will be sufficient cause for reflection or dismissal, if employed.  Morris County workplace grounds and facilities are declared “smoke-free”.  Background checks are contingent to employment.  I acknowledge that I have read, reviewed and understand the requirements and content of the job description associated with this position.  I understand that I am required to abide by all rules and regulations set forth by Morris County | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | | | |  | | | | | | | | | | |

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| --- |
| FOR COUNTY USE ONLY  Required qualifications met? YES  NO  Arrange Interview? YES  NO  Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reviewer Signature Date |

Additional Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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