



County of Passaic

Administration Building

401 Grand Street • Paterson, New Jersey 07505-2023

Human Resources Department - Room 404

Application for Employment

The County of Passaic is dedicated to a policy of equal employment opportunity and will not discriminate against an applicant or employee on the basis of race, color, religion, creed, national origin or ancestry, sex, age, physical or mental disability, veteran status, genetic information or any other protected basis under federal, state or local law.

(Please Print or Type)

PERSONAL

Position applied for:		Date of application:	
Full Name:			
Street Address:		E-mail address:	
City:	State:	Zip:	
Home Phone:	Cell Phone:	Work Phone:	
Driver's License #		Exp. Date:	
Have you ever been employed with us before?		Yes []	No []
If yes, provide details below:			
Title of Position held:		Termination Date:	
Reason for leaving:			
How were you referred? <input type="checkbox"/> County Website <input type="checkbox"/> Friend _____			
<input type="checkbox"/> Relative _____ <input type="checkbox"/> Other: _____			
Are you currently employed? Yes [] No [] If yes, may we contact your current employer for the purpose of a reference?			
If you are under 18 years of age, can you provide required proof of your eligibility to work?		Yes []	No []
Are you a citizen of the United States?		Yes []	No []
If no, can you provide proof that you are eligible to work in the United States, in accordance with the Immigration Reform and Control Act? Yes [] No [] Immigration No. _____ Exp. Date: _____			

EMPLOYMENT DESIRED

Full Time Part time On Call/Per Diem Seasonal

Salary desired \$ _____ Date you can start: _____

Are you currently employed? Yes No

Shift/Hours:

Hours available to work: _____

Will you work weekends/holidays? Yes No

Will you work alternate weekends/holidays? Yes No

*Note: If you require special accommodation in order to apply for this position, please notify the Human Resources Department prior to the deadline for submitting applications for this position.

EDUCATION

Did you receive a high school diploma or GED?		Yes []	No []													
Circle highest grade completed		5	6	7	8	9	10	11	12	College	1	2	3	4	5	6
School (name, city, state)											Degree			Major/Minor		
High School																
College/University																
Graduate/Professional																
Other Education: i.e. Technical, Business																

SPECIFIC SKILLS

List technical/professional licenses or certificates of training and include expiration dates:

Describe any training which would be relevant to the position for which you are applying:

List awards, commendations, or other recognition for outstanding achievement in school, work, etc:

MILITARY

Have you ever served in the U.S. Armed Forces? Yes [] No []

If yes, what branch?

Type of discharge:

Dates of Service From:

To:

REFERENCES

List three (3) personal references who are not related to you or former employers:

Name & Occupation	Address	Phone	Relationship

EMPLOYMENT HISTORY

(List most recent employer first. Use additional sheet if necessary)

Company:

Your Title:

Street Address:

Employed From:

City, State, Zip:

Employed To:

May we contact for references? Yes [] No []

Responsibilities:

Supervisor's Name:

Phone No:

Reason for Leaving:

Company:

Your Title:

Street Address:

Employed From:

City, State, Zip:

Employed To:

May we contact for references? Yes [] No []

Responsibilities:

Supervisor's Name:

Phone No:

Reason for Leaving:

APPLICANT'S STATEMENT

The information provided by me in this application for employment, and any additional documents or statements made during the hiring process, are true and complete to the best of my knowledge. Should I be employed by the County of Passaic, any omission of facts or misrepresentation or false statements made by me may be considered cause of refusal or separation from employment.

The County of Passaic has my permission to contact directly or employ the services of investigative agencies to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment or personal history and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me. I reserve the right to know the names and addresses of any investigative agencies used in order that I might learn the information contained in any reports furnished to the County of Passaic. You have my permission to conduct a background check for any arrests/criminal convictions, which may include Motor Vehicle violations.

I understand this application does not constitute an employment contract of any kind. Should I be employed by the County of Passaic, I may resign such employment at any time at my discretion with or without prior notice and the County of Passaic may terminate my employment at any time at their discretion, with or without cause and with or without prior notice.

I understand that employment with the County of Passaic is also contingent upon my providing sufficient documentation, which establishes my identity and my eligibility to work in the United States.

Any offer for employment may be conditioned upon a physical exam. The undersigned applicant for employment recognizes and understands and agrees that he/she, as a pre-condition of employment will undergo a physical examination by a physician chosen by myself prior to my employment.

I also recognize, understand and agree that the physical examination will include testing for the presence of illegal drugs, narcotics and controlled dangerous substances, and that in the event of a positive result of same, I will be denied employment and waive any and all right to continue to seek said employment.

I also recognize, understand, and agree that if my employment requires a commercial drivers license (CDL) I must be given pre-employment drug and alcohol tests and I may not be hired or assigned to a CDL function unless I pass both tests.

This application will be considered valid for the period of six (6) months. After six (6) months it will be necessary for me to submit a new application.

PLEASE READ CAREFULLY BEFORE SIGNING: By my signature below, I affirm that I have read and understand this application in its entirety and that all statements I have made are true and accurate.

Signature of Applicant

Date

Witness

Date

VOLUNTARY DISCLOSURE RECORD

Our policy is to provide equal employment opportunity to all applicants for employment and employees without regard to race, color, religion, sex, national origin, marital or veteran status, medical condition or handicap, or other legally protected status. In order for the County of Passaic comply with United States Government Affirmative Action Programs, we are required to collect certain personal information from our applicants and employees. Completion of this information is entirely voluntary. If you choose to provide the information requested below, you are assured that it will not be a factor regarding the decision to interview/hire.

Check the appropriate boxes:

Female Male

Caucasian Black Hispanic Asian & Asian American American Indians Other

FOR EMPLOYER USE ONLY

Arrange Interview: _____

Yes [] No []

Interviewer: _____

Position interviewed for: _____

Disposition: _____

Date: _____

Hire Date: _____

Salary Range: _____

Replacing: _____

Level-Step: _____

**The County of Passaic
is an Equal Opportunity/Affirmative Action Employer**