

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ **NJ** _____
City State ZIP Code

Phone: _____ Email: _____

Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Have you ever worked or been educated under a different name? YES NO

Are you 18 years old or older? YES NO Are you eligible for employment in the U.S.? YES NO

Have you ever worked for this Camden County? YES NO If yes, when? _____

Do you possess a valid New Jersey driver's license? YES NO

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other Skills

Use this space to describe any licenses, certificates, registration, skills, crafts, including machines or equipment operated which related to the position for which you are applying.

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Are you engaged in other business activity or employment in which you desire to continue if employed by the County of Camden?

YES

NO

If yes, explain _____

Do you or does a member of your immediate family own or have an interest in any organization that deals with, is regulated by or is otherwise affected by the operation of any department of the County of Camden?

YES

NO

If yes, explain _____

Do you have any relatives who work for the County?

YES

NO

If yes, name of relative _____

Relative's position _____

References

List three persons unrelated to you whom we may contact for information concerning your qualifications.

NAME	ADDRESS	PHONE NO.	OCCUPATION

In case of emergency notify: Name _____

Phone: day _____ evening _____

Disclaimer and Signature

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as _____, and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention, or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period from _____ and/or other consumer reporting agencies.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize all of the following, without limitation, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state, and local agencies, learning institutions (including public and private schools, colleges, and universities), testing agencies, information service bureaus, credit bureaus, record/data repositories, courts (federal, state, and local), motor vehicle records agencies, my past or present employers, the military, and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials, and licenses.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate, and complete. I agree that this form in original, faxed, photocopied, or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

Last Name _____ First Name _____ Middle _____

Other Names Used _____ Years Used _____

Current Address: _____

Street / P. O. Box City State Zip Code County Dates

Former Address: _____

Street / P. O. Box City State Zip Code County Dates

Social Security # _____ / _____ / _____ Daytime Phone Number _____

E-mail Address _____ Driver's License Number _____

State of Issuance _____ Date of Birth _____ / _____ / _____ Gender _____

Signature: _____ Date: _____

Have you ever been convicted of a crime or offense, which has not be expunged by the Court?

Yes _____ No _____

(If yes, give details of each conviction and disposition in this section. A conviction will not necessarily preclude you from employment unless such conviction(s) relates adversely to the employment sought. Please note, some positions as a condition of employment, require a Request for Criminal History Report.)

Print Name: _____

Signature: _____

Date: _____