

Camden County

Employment Application

		Ap	plicanti	mon	nation			
Full Name:						Date:		
	Last	Fin	st			M.I.		
Address:								
	Street Address						Apartment/Unit 1	#
						NJ NJ		
	City					State	ZIP Code	
Phone:				Email_				
Soc	cial Security No.:					Desired Salary:	\$	
Position App	olied for:				_			
Have you ev	ver worked or been educated	d under a d	lifferent n	ame?	YES NO			
Are you 18 y	years old or older?	YES	NO	Are y	ou eligib	le for employmer	YES to the U.S.?	МО
Have you ev County?	ver worked for this Camden	YES	NO	If yes,	when?_			
Do you poss license?	sess a valid New Jersey driv	er's YES	NO					
			Educ	ation				
High School			Address:					
From:	To:	Did you g	ıraduate?	YES	NO	Diploma:		
College:			Address:					
From:	To:	Did you g	raduate?	YES	NO	Degree:		
Other:			Address:					
From:	To:	Did you g	raduate?	YES	NO	Degree:		
Other:			Address:	,				
From:	To:		graduate?	YES	NO I	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. To: Reason for Leaving: From: YES МО May we contact your previous supervisor for a reference? Company: Phone: Address: Supervisor: Job Title: Responsibilities: _____ To: From: Reason for Leaving: NO May we contact your previous supervisor for a reference? П Phone: Company: Address: Supervisor: Job Title: Responsibilities: From: _____ To:____ Reason for Leaving: YES NO

May we contact your previous supervisor for a reference?

Are you engaged in other bu Camden?	siness activity or employme	ent in which you desire to continue	e if employed by the County of
YES	NO 	If yes, explain	
L	Ш	п уез, ехріаіп	
		or have an interest in any organi any department of the County of in	Camden?
Do you have any relatives w the County?	ho work for		
YES	NO If ves, name	of relative	
<u> </u>		sition_	
	Re	eferences	
List three persons unrelated	to you whom we may conta	ct for information concerning you	r qualifications.
NAME	ADDRESS	PHONE NO.	OCCUPATION
	41 (47 (47 (47 (47 (47 (47 (47 (47 (47 (47		
		:	
In case of emergency notify:	Name		•
Phone: day	evening		
	Discla i me	er and Signature	
I certify that my answers ar	•	• -	
If this application leads to e interview may result in my i		that false or misleading informat	tion in my application or
Signature:			Date:

Authorization of Background Investigation

of rights under the Fair Credit Reporting Act background reports by a consumer reporting a background reports to the Company and its d assisting the Company in making a determine independent contractor assignments, as applical purposes. I understand that if the Company hire	losure and Authorization form and the attached summary et. By my signature below, I consent to preparation of gency such as, and to the release of such lesignated representatives and agents, for the purpose of nation as to my eligibility for employment (including ble), promotion, retention, or for other lawful employment es me or contracts for my services, my consent will apply, in additional background reports pertaining to me, without the transfer of the summary of the sum
disclosed by me before or during my employm	ny employment or contractor application, or otherwise ment or contract assignment, if any, may be used for the d reports on me. I also understand that nothing herein shall tract for services.
consumer reporting agency and its agents: law e learning institutions (including public and priv information service bureaus, credit bureaus, re motor vehicle records agencies, my past or pres sources with any information about or concer consumer reporting agency and its agents inc.	out limitation, to disclose information about me to the inforcement and all other federal, state, and local agencies, vate schools, colleges, and universities), testing agencies, ecord/data repositories, courts (federal, state, and local), sent employers, the military, and all other individuals and raining me. The information that can be disclosed to the ludes, but is not limited to, information concerning my credit history, motor vehicle history, criminal history, icenses.
true, accurate, and complete. I agree that the	mation I provided on and in connection with this form is uis form in original, faxed, photocopied, or electronic valid for any background reports that may be requested
Last Name First Name	eMiddle
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 I	Phone Number
B-mail Address	Driver's License Number
State of Issuance Date of Birth	
Signature:	Date:

Have you ever the Court?	been convicted of a crime or offense, which has not be expunged by
Yes	No
will not necess relates adverse	tails of each conviction and disposition in this section. A conviction arily preclude you from employment unless such conviction(s) ly to the employment sought. Please note, some positions as a apployment, require a Request for Criminal History Report.)
D ' (A)	
Print Name: _	
Signature:	
Date	