

Are you available to work: Full Time Part Time Temporary

If applying for a position which requires driving a vehicle, please provide the following information.

I have a valid Driver's License: No Yes

D.L. #: _____ State Issued: _____

Can you, if hired, submit verification of your legal right to work in the United States? No Yes

Have you ever been convicted of a felony? No Yes

If yes, please explain and give date of conviction: _____

Do you type? SKILLED COMPETENT FAMILIAR

Have you used a computer before? SKILLED COMPETENT FAMILIAR

Have you ever used Microsoft Works? SKILLED COMPETENT FAMILIAR

Have you ever used Microsoft Excel? SKILLED COMPETENT FAMILIAR

List any professional, trade, business or civic activities, licenses, certificates, degrees and/or offices held:

**ALL CAMDEN COUNTY EMPLOYEES/PROSPECTIVE EMPLOYEES WILL BE SUBJECT TO A
CRIMINAL/MVR BACKGROUND CHECK AND DRUG SCREENINGS.**

EDUCATION/SKILLS

High School	Community College	Business/Trade School	College/ University
NAME	NAME	NAME	NAME
LOCATION	LOCATION	LOCATION	LOCATION
YEARS COMPLETED 9 10 11 12	YEARS COMPLETED 1 2	YEARS COMPLETED 1 2	YEARS COMPLETED 1 2 3 4
MAJOR/COURSES STUDIED	MAJOR/COURSES STUDIED	MAJOR/COURSES STUDIED	MAJOR/COURSES STUDIED
DEGREE(S)	DEGREE(S)	DEGREE(S)	DEGREE(S)

JOB RELATED TRAINING

NAME OF COURSE	YEAR COMPLETED	NAME OF COURSE	YEAR COMPLETED

EMPLOYMENT HISTORY

THIS PORTION OF THE APPLICATION MUST INCLUDE A MINIMUM OF 10 YEARS WORK HISTORY AND MUST BE COMPLETED EVEN IF SUPPLEMENTED BY RESUME.

List your most recent employer first including U.S. Military service and unpaid or volunteer work. Base salary does not include overtime, bonuses or commissions.

FROM (Mo/Yr.): _____ TO (Mo/Yr.): _____ POSITION: _____
EMPLOYER: _____ SUPERVISOR: _____
ADDRESS: _____
PHONE: _____ TYPE OF BUSINESS: _____
REASON FOR LEAVING: _____
BASE/SALARY: _____ MONTHLY WEEKLY HOURLY
OTHER COMPENSATION, BONUSES: _____
BRIEF DESCRIPTION OF DUTIES & RESPONSIBILITIES: _____

MAY WE CONTACT THIS EMPLOYER? No Yes

FROM (Mo/Yr.): _____ TO (Mo/Yr.): _____ POSITION: _____
EMPLOYER: _____ SUPERVISOR: _____
ADDRESS: _____
PHONE: _____ TYPE OF BUSINESS: _____
REASON FOR LEAVING: _____
BASE/SALARY: _____ MONTHLY WEEKLY HOURLY
OTHER COMPENSATION, BONUSES: _____
BRIEF DESCRIPTION OF DUTIES & RESPONSIBILITIES: _____

MAY WE CONTACT THIS EMPLOYER? No Yes

FROM (Mo/Yr.): _____ TO (Mo/Yr.): _____ POSITION: _____
EMPLOYER: _____ SUPERVISOR: _____
ADDRESS: _____
PHONE: _____ TYPE OF BUSINESS: _____
REASON FOR LEAVING: _____
BASE/SALARY: _____ MONTHLY WEEKLY HOURLY
OTHER COMPENSATION, BONUSES: _____
BRIEF DESCRIPTION OF DUTIES & RESPONSIBILITIES: _____

MAY WE CONTACT THIS EMPLOYER? No Yes

FROM (Mo/Yr.): _____ TO (Mo/Yr.): _____ POSITION: _____
EMPLOYER: _____ SUPERVISOR: _____
ADDRESS: _____
PHONE: _____ TYPE OF BUSINESS: _____
REASON FOR LEAVING: _____
BASE/SALARY: _____ MONTHLY WEEKLY HOURLY
OTHER COMPENSATION, BONUSES: _____
BRIEF DESCRIPTION OF DUTIES & RESPONSIBILITIES: _____

MAY WE CONTACT THIS EMPLOYER? No Yes

FROM (Mo/Yr.): _____ TO (Mo/Yr.): _____ POSITION: _____
EMPLOYER: _____ SUPERVISOR: _____
ADDRESS: _____
PHONE: _____ TYPE OF BUSINESS: _____
REASON FOR LEAVING: _____
BASE/SALARY: _____ MONTHLY WEEKLY HOURLY
OTHER COMPENSATION, BONUSES: _____
BRIEF DESCRIPTION OF DUTIES & RESPONSIBILITIES: _____

MAY WE CONTACT THIS EMPLOYER? No Yes

FROM (Mo/Yr.): _____ TO (Mo/Yr.): _____ POSITION: _____
EMPLOYER: _____ SUPERVISOR: _____
ADDRESS: _____
PHONE: _____ TYPE OF BUSINESS: _____
REASON FOR LEAVING: _____
BASE/SALARY: _____ MONTHLY WEEKLY HOURLY
OTHER COMPENSATION, BONUSES: _____
BRIEF DESCRIPTION OF DUTIES & RESPONSIBILITIES: _____

MAY WE CONTACT THIS EMPLOYER? No Yes

EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY
PLEASE USE THIS SPACE TO EXPLAIN EMPLOYMENT HISTORY INTERRUPTIONS SINCE HIGH SCHOOL THAT DO NOT PERTAIN TO PREGNANCY, CHILD CARE, DISABILITY OR ANY OTHER PROTECTED ACTIVITY.

**PERSONAL REFERENCES
(NOT RELATED TO YOU)**

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

RELATIONSHIP: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

RELATIONSHIP: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

RELATIONSHIP: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

RELATIONSHIP: _____

EMERGENCY CONTACT

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ BUSINESS PHONE: _____

AUTHORIZATION AND AGREEMENT

As part of our normal procedure in processing applications, a routine inquiry will be made concerning your background. Former employers, school record offices and personal, school and employment references may be contacted to verify and obtain information concerning your background, qualifications, school and work records. You may be asked to sign another form authorizing the release of school records or to supply grade transcripts. Information gathered about your background and qualifications will be used to help make a fair employment decision. This information will only be available to those participating in this decision or those who process employment applications. As part of this investigation, a check of criminal records will also be conducted.

I hereby authorize Camden County, its representatives, employees or agents to conduct all pre-employment inquiries and tests as described. I further authorize Camden County and its agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete any requisite authorization forms. I release Camden County, its agents and all providers' information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests and production of all documents necessary for Camden County to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services.

As an employer, this organization is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be made to a human resources representative.

I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that Camden County shall not be liable in any respect if my employment is so denied or terminated.

I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. I understand my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by the organization at any time for any reason. Any changes to this at-will employment agreement will not be valid unless in writing signed by me and a duly authorized representative of this employing organization.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS.

SIGNATURE OF APPLICANT: _____ **DATE:** _____