

Are you a veteran? YES NO
 Are you the surviving spouse of a veteran? YES NO
 Are you currently authorized to work in the United States? YES NO
 (Legal proof of authorization to work in the U.S. is required if offered employment)
 Are you related to anyone in our employ (past or present?) YES NO
 If YES, Name: _____ Relationship: _____

EDUCATION

Applicants are required to provide proof of diploma, degree, transcript, licenses, and certifications if required of position. Did you graduate from high school or receive a GED? YES NO
 High School

 (School)

 (Address)

Undergraduate College/University. Did you graduate? YES NO Degree: _____
 Minor: _____
 No. of credits: _____

 (School)

 (Address)

Graduate School. Did you graduate? YES NO Degree: _____
 Minor: _____
 No. of credits: _____

 (School)

 (Address)

Technical, Vocational/Business. Did you graduate? YES NO
 List Courses: _____

 (School)

 (Address)

If a license, certificate, or other authorization is required for the position for which you are applying, complete the following:

License/Certification Type	Issuing Authority (State/Other Authority)	License Number	Expiration Date	Date Issued

Special Training /Skills/Qualifications: List all job related training, skills and equipment you can use, or individual capabilities you possess. i.e. Printing/Graphics and/or computer equipment and types of software and hardware programs.

Typing Skills: If required of this position (Approximate wpm)? _____

EMPLOYMENT HISTORY

The information you supply will be the official record of your employment history.

1. Include ALL employment. Begin with your current or last position. If needed, attach a separate sheet.
2. EMPLOYER ADDRESSES MUST BE **COMPLETE** WITH MAILING ADDRESSES, INCLUDING ZIP CODE.

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

Present/Previous Employer	Dates Employed	Title	Final Salary
Address	City	State	Zip Code
Summary of Experience:			
Supervisor's Name		Telephone No.	
Reason for Leaving (Be specific)			
Previous Employer	Dates Employed	Title	Final Salary
Address	City	State	Zip Code
Summary of Experience:			
Supervisor's Name		Telephone No.	
Reason for Leaving (Be specific)			
Previous Employer	Dates Employed	Title	Final Salary
Address	City	State	Zip Code
Summary of Experience:			
Supervisor's Name		Telephone No.	
Reason for Leaving (Be specific)			

Have you ever been terminated from a position? YES NO Employer: _____
 Explain: _____

PERSONAL REFERENCES

Do not use relatives as references.

Name	Full Address	Telephone	Business or Occupation	Years Known
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

LEGAL HISTORY

Have you ever been convicted of a crime that has **not** been expunged by the Courts? YES NO

This question refers to instances where you have been convicted, pled guilty, or paid a fine. This includes a conviction for any disorderly persons offense, petty disorderly offense (such as shoplifting), or any motor vehicle violations (such as drunk driving, death by auto, other than a parking ticket).

If your answer is "Yes", give the date and nature of each offense, the name and location of the court, and the disposition of the case.

A conviction **will not** necessarily preclude you from employment, unless the nature of the conviction relates adversely to the position. A false statement or omission will disqualify you from employment. **ATTN:** Sheriff's Officer, Correction Officer, Juvenile Detention Officer or other law enforcement applicants: You are required to disclose all arrests, convictions and expungements.

Date and Nature of Charge(s): _____

Name and Location of Court: _____

Disposition: _____

SUBSTANCE ABUSE POLICY

The County of Monmouth requires all offers of employment extended to applicants whose job duties require that they hold a Commercial Drivers License including the performance of safety sensitive functions as defined by Federal Highway Administration and Federal Transit Administration, Department of Transportation regulations, be conditioned on the applicant's ability to pass a Department of Transportation mandated physical examination which includes a drug screen. This shall also apply to transferred employees, former employees returning to County service via re-employment lists, interim or temporary employees, whose job duties required a CDL. Failure to pass pre-employment screening will result in withdrawal of a *conditional* offer of employment. Refusal to sign the appropriate release and consent forms for testing, or any failure to provide a valid specimen for testing will be regarded as a failed test, thereby rendering the applicant disqualified for employment.

If an applicant has any questions regarding this Policy, additional information may be requested from the Personnel Department of the County of Monmouth.

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING BELOW.

I certify that all the information provided by me in connection with my application is true and complete. I understand that any misstatement, falsification or omission of information shall be grounds for refusal to hire or if hired, termination. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S. I authorize the County of Monmouth to contact any of the persons or organizations referenced in this application. I authorize the references to give the County of Monmouth all information concerning my previous employment, education, or any other pertinent information they might have with regard to any of the subjects covered by this application.

SIGNATURE

DATE

REV 9/01