



**APPLICATION FOR EMPLOYMENT
BERGEN COUNTY**
DEPARTMENT OF ADMINISTRATION AND FINANCE
DIVISION OF PERSONNEL
One Bergen County Plaza • Room 321
Hackensack, New Jersey 07601-7076

PERSONAL (please print clearly)

Last		First		Middle Initial	Social Security Number		Telephone Number
NAME							
Number and Street			City	State	Zip Code	Are you in the U.S. on a visa that prohibits you from working? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS							
New Jersey Driver's License <input type="checkbox"/> YES <input type="checkbox"/> NO				Years of residence			
Driver's License # _____				In this State: _____ County: _____			
Person to notify in case of accident or emergency:							
Name:				Phone Number:			
Address:				Relationship to you:			
Military Service - Have you been in U.S. Military Service? <input type="checkbox"/> YES <input type="checkbox"/> NO				If YES, describe duties while on active duty:			
Honorably Discharged? <input type="checkbox"/> YES <input type="checkbox"/> NO							

POSITION

Job applied for:		When can you start?
Can you work any assigned shift? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you available weekends? <input type="checkbox"/> YES <input type="checkbox"/> NO	Holidays? <input type="checkbox"/> YES <input type="checkbox"/> NO
Please list any languages other than English which you speak, read, or write.	List and describe any internships, licenses, certifications or registrations connected with your profession or trade. (Give name of state in which license, certification or registration is held.)	

Machines operated and/or special skills (including steno, software programs):

Typing? YES WPM:

Have you any previous New Jersey State, County, or Municipal employment?

<input type="checkbox"/> YES	<input type="checkbox"/> Permanent	Employer	Date
<input type="checkbox"/> NO	<input type="checkbox"/> Temporary	Department	Job Title

BACKGROUND DATA – COMPLETION OF THIS SECTION IS OPTIONAL

This part is to be used only for complying with EEOC Guidelines and the NJ State Affirmative Action Program.	Date of Birth	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Education (Circle the number showing the highest level of school you have completed): Grammar or High School: 6 7 8 9 10 11 12 Some College: Associate Bachelor Some Post Graduate: Masters Doctorate Name of College or University:
	Check the group you are a member of: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other		

WORK EXPERIENCE (*List most recent employer first*)

Present or last employer:	Street Address	Supervisor's Name:
Time Employed: Mo./Yr. to Mo./Yr.	City State Zip	Phone Number:
Your Duties:		
Reason for Leaving:		
Previous employer:	Street Address	Supervisor's Name:
Time Employed: Mo./Yr. to Mo./Yr.	City State Zip	Phone Number:
Your Duties:		
Reason for Leaving:		
Previous employer:	Street Address	Supervisor's Name:
Time Employed: Mo./Yr. to Mo./Yr.	City State Zip	Phone Number:
Your Duties:		
Reason for Leaving:		
ADDITIONAL INFORMATION (Attach resume):		

How were you referred to Bergen County?

- Newspaper (give name): _____
 Walk-in
 Employee (give name): _____
 Other (Indicate): _____

REFERENCES

Do not give relatives or former employers as references.		<input type="checkbox"/> Check here if you do not want us to contact PRESENT EMPLOYER.		
Name	Address	Telephone	Business or Occupation	Known how long?

Give name of any relative working for Bergen County. _____ In what department do they work? _____

COUNTY OF BERGEN, HACKENSACK, NJ 07601-7076

AGREEMENT

I CERTIFY that answers given herein are true and complete to the best of my knowledge. In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I UNDERSTAND that as a condition of employment, I may be required to pass the County's employment physical and any future physical examinations required by the County.

I HEREBY AUTHORIZE the County of Bergen to contact my former employers, and/or other reference sources, as part of the evaluation of my application for employment, and I hereby release such reference sources from any liability for the consequences of information which they may release to the County of Bergen.

I UNDERSTAND that this application is not and is not intended to be a contract of employment.

I ALSO AGREE, upon termination of employment, to return any County property issued to me, or to allow reasonable value of same to be deducted from my wages or to pay the replacement cost of same to the County before my final check will be released to me.

Date of Application: _____ Signature of Applicant: _____

Federal law prohibit discrimination in employment because of race, color, religion, age, gender, disability, marital or veteran status, sexual orientation, or national origin. In compliance with these laws, Bergen County has enacted an Affirmative Action Program.