## **Application for Employment**





**Date of Application** 

# SOMERSET COUNTY PARK COMMISSION

P.O. Box 5327 • North Branch, NJ 08876 Tel, 908.722.1200 Fax 908.722.6592 www.somersetcountyparks.org TTY / TDD - Relay Service @711

#### PLEASE PRINT

Position(s) applied for:

Equal access to programs, services and employment is available to all persons. Applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Division.

Referral Source:	Advertisement	Employee	Relative	Gove	rnment Employment Age	ncy	
	Walk-In	Private Employ	ment Agency	Othe	r:		
Name Last		Fii	rst		Middle		
Address Street		Ci	ity		State	Zip Code	
Telephone#		Er	nail				
If necessary, the bes	st time to call you					a.m.	p.m.
May we contact you	ı at work?					Yes	No
If yes, what is your	work number and best	time to call?				a.m.	p.m.
If you are under 18	and it is required, can	you furnish a work	c permit?			Yes	No
lf no, please explain	L						
Have you submitted	d an application here b	efore?				Yes	No
If yes, please give da	te(s)			•••••			
Have you ever been	employed here before	?				Yes	No
lf yes, please give da	nte(s)			From	То		
Are you legally eligi	ible for employment in	this country?				Yes	No
Date available for w	ork						
Type of employmen	nt desired? F	ull Time Part Tim	e Seasonal	Temporary	Educational: Co-op / Inte	rn	
Are you able to mee	et the attendence requi	rements of the posi	tion?			Yes	No
Will you work over	time if required?					Yes	No
lf no, please explain							

## **Employment History**

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (please use additional sheets if necessary). Explain any employment gaps in the comments sections below.

EMPLOYER			TELEPHONE	DATES EM	IPI OVED	
ENFLOTER			TELEPHONE	From	То	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITES
ADDREESS						
JOB TITLE			STARTING Hourly Rate/Salary		3	
IMMEDIATE SUPERVISOR'S NAME AND TITLE				\$	Per	
REASON FOR LEAVING				FINAL Hourly F	Rate/Salary	
MAY WE CONTACT FOR REFERENCE?	YES	NO	LATER	\$	Per	
EMPLOYER			HILL DRIVEN	DATES EM	IDI OVED	
EMPLOTER			TELEPHONE	From	То	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITES
ADDREESS						
JOB TITLE				STARTING Ho	urly Rate/Salary	
IMMEDIATE SUPERVISOR'S NAME AND TITLE				\$	Per	
REASON FOR LEAVING				FINAL Hourly F	Rate/Salary	
MAY WE CONTACT FOR REFERENCE?	YES	NO	LATER	\$	Per	
EMPLOYER			TELEDITONE	DATES EM	IDIOVED	
EMPLOTER			TELEPHONE	From	То	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITES
ADDREESS						
JOB TITLE				STARTING Ho	urly Rate/Salary	
IMMEDIATE SUPERVISOR'S NAME AND TITLE				\$	Per	
REASON FOR LEAVING				FINAL Hourly F	Rate/Salary	
MAY WE CONTACT FOR REFERENCE?	YES	NO	LATER	\$	Per	
EMPLOYER			TELEPHONE	DATES EM	IPLOYED	SUMMARIZE THE TYPE OF WORK
				From	То	PERFORMED AND JOB RESPONSIBILITES
ADDREESS				8		
JOB TITLE				STARTING Ho	urly Rate/Salary	3
IMMEDIATE SUPERVISOR'S NAME AND TITLE				\$	Per	
REASON FOR LEAVING				FINAL Hourly F	Rate/Salary	7
MAY WE CONTACT FOR REFERENCE?	YES	NO	LATER	\$	Per	

 $\label{lem:comment:comment:comment} \textbf{COMMENTS} \cdot \textbf{Including explanation of any gaps in employment:}$ 

**SKILLS AND QUALIFICATIONS** - Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which your are applying:

### Educational Background IF JOB RELATED

**A.** List last three (3) schools attended, starting with most recent. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** Grade Point Average or Class Rank. E. Major field of study. F. Minor field of study (if applicable).

A. SCHOOL	B. YEARS COMPLETED	C. DEGREE / DIPLOMA	D. GPA/ CLASS RANK	E. MAJOR	F. MINOR

### References

List names and telephone numbers of three (3) business/work references who are **NOT** related to you and who are **NOT** previous supervisors. If not applicable, list three (3) school or personal references who are **NOT** related to you.

NAME	TELEPHONE NUMBER	YEARS KNOWN

### **Additional Information**

List professional, trade, business, or civic associations and any offices held. Exclude memberships that would reveal sex, race, religion, national origin, age, color, disability or any other similarly protected status.

ORGANIZATION	OFFICE(S) HELD

List special accomplishments, publications, awards, etc. Exclude information that would reveal sex, race, religion, national origin, age, color, disability or any other similarly protected status.

List any additional information you would like us to consider.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application of immediate discharge from the Somerset County Park Commission, whenever it is discovered.

I give the Somerset County Park Commission the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the Somerset County Park Commission and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The Somerset County Park Commission does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the Somerset County Park Commission has the authority to make any assurances to the contrary.

I understand that a condition of full-time employment is that I become a member of the Public Employees' Retirement System of New Jersey and that I may have to submit to a physical examination. I also understand and agree that if my employment is for either a seasonal, temporary or part-time position, that there are certain employee benefits for which I am not eligible. By way of example, the benefits not provided include, but are not limited to, vacation, sick leave, health benefits, and participation in grievance procedures.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization and, if job related, provide a valid driver's license.



I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.