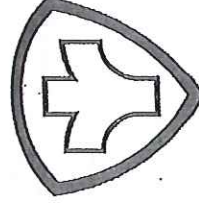




APPLICATION FOR EMPLOYMENT
 COUNTY OF OCEAN, NEW JERSEY
 OCEAN COUNTY BOARD OF HEALTH
 P.O. Box 2191
 Toms River, NJ 08754-2191
 732-341-9700

An EQUAL OPPORTUNITY EMPLOYER with
 an established AFFIRMATIVE ACTION PROGRAM



Public Health
 Prevent. Promote. Protect.

PERSONAL (Please print clearly) _____ Date: _____
 Last First Middle Init. Social Security Number

Name _____
 Number Street City State Zip Code Telephone Number

Address _____
 Are you a citizen of the U.S.? Yes No
 If no, are you a resident alien? Yes No

If no, please specify what type of visa or work permit you have: _____
 Valid New Jersey Drivers License? _____ Driver's License Number _____ Exp. _____

Yes No Do you possess the ability to perform the essential job functions of the position for which you are applying? Yes No

If no please explain. _____

(A job description is available for your review)
 Have you been in the U.S. Military Service? Yes No If yes, Branch: _____

Duties while on active service: _____
 Have you ever been convicted of a crime, including disorderly persons offense? Yes No
 If yes give details. This will not necessarily preclude your employment. _____

POSITION _____
 Job applied for: _____ When can you start? _____

List and describe any internships, licenses, certificates, or registrations connected with your profession or trade.
 (Give name of state in which licenses, certification, or registration is held)

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

Yes Permanent Employer: _____ Date: _____

No Temporary Department: _____ Job Title: _____

EDUCATION AND TRAINING

School	Name/Address	Years Attended	Did you graduate?	Number of Credits Earned	Type of Degree
High					
College					
Business, Trade, etc.					

Machines operated and/or special skills:

Typing? Yes No Approx. Speed _____ Shorthand? Yes No Approx. Speed _____

Employment History (List most recent employer first)

Present or last employer	Address	Reason for leaving	Time Employed
Mo.	Yr.	to Mo.	Yr.
Your title and duties			Salary Start Final
Previous employer	Address	Reason for leaving	Time Employed Mo. Yr. to Mo. Yr. Salary Start Final
Your title and duties			
Previous employer	Address	Reason for leaving	Time Employed Mo. Yr. to Mo. Yr. Salary Start Final
Your title and duties			

Check here if you DO NOT want us to contact your PRESENT EMPLOYER

Give 3 Personal References (Do not give relatives)

Name	Address	Telephone	Business or Occupation	How Long?

Give 3 Professional References (Do not give relatives)

Name	Address	Telephone	Business or Occupation	How Long?

Give name of relative working for Ocean County _____

In what department do they work? _____

NOTE TO APPLICANT: This application will be kept on file for one year ONLY! If employed, this application will become part of your permanent file. Most County employees are governed by New Jersey Civil Service rules and regulations. Most employees and applicants must take and pass a Civil Service examination to obtain permanent employment.

I HEREBY CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge. I understand that any falsification would disqualify me from consideration for a position or constitute grounds for dismissal.

I UNDERSTAND that as a condition of employment, I may be subject to a multi-state criminal background check, and I may be required to pass a physical, psychological and/or Drug/Alcohol Screen to determine my ability to perform job related functions, and any future examinations as required by the County.

Date of Application _____ Signature of Applicant _____

Ocean County is an equal opportunity employer dedicated to a policy of nondiscrimination in employment upon any basis, including race, creed, color, religion, disability, except where a particular qualification is specifically permitted and is essential to successful job performance. In reading and answering the foregoing questions, please keep in mind that none of the questions are intended to imply any limitations, illegal preferences, or discrimination based upon any non-job related information. This application will be given complete consideration, but its receipt does not imply that the applicant will be employed.

Reference Release

I hereby grant permission for authorities of the Ocean County Health Department to investigate my reference and asserted educational credentials, military record; and/or driving record and further authorize and grant permission to the OCHD to contact any reference, college, educational or employment institution, past employer, military branch, and/or other persons or entity listed anywhere within this application. Moreover, I release the OCHD from any and all liability resulting from such an investigation. I understand that any information received will be treated in a completely confidential manner.

Date _____

Signature of Applicant/Employee _____



OCEAN COUNTY BOARD OF HEALTH

P.O. Box 2191
Toms River, NJ 08754-2191
(732) 341-9700
(800) 342-9738
http://www.ochd.org



Public Health
Prevent. Promote. Protect.

Daniel E. Regenye, M.H.A., Lic. H.O.
Public Health Coordinator

General Release Form

In connection with my application for employment (including contract for service) with you, I understand that investigative inquiries are to be made on myself including consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies that maintain records concerning my past activities relating to my driving, criminal, civil, education, and other experiences.

I authorize without reservation any party or agency contacted by this employer to furnish the above-mentioned information.

I hereby consent to your obtaining the following information from all former employers, sources, or references and/or any of their licensed agents. I understand to aid in the proper identification of my files or records, the following personal identifiers, as well as other information, is necessary.

Print Name: _____

Driver's License Number: _____ Social Security Number: _____

Date of Birth: _____ Sex: _____ Race (Optional): _____

Current Address: _____

City/State/Zip Code+4: _____

Former Address: _____

Applicant Signature: _____ Date: _____

DO NOT WRITE PAST THIS LINE - FOR AGENCY USE ONLY

Background Completed and Satisfactory: Yes: _____ No: _____ Date: _____