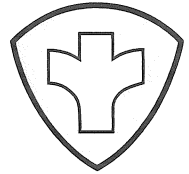




APPLICATION FOR EMPLOYMENT
COUNTY OF OCEAN, NEW JERSEY
OCEAN COUNTY BOARD OF HEALTH
 PO Box 2191
 Toms River, NJ 08754-2191
 (732) 341-9700 Ext. 7204



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 Email: _____

If no, are you a resident alien? Yes No Cell Phone: _____

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: _____

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 licensee, 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?	Major of Course of Study	Type of Degree
High					
College					
Business, Trade, etc.					

Special skills or Languages:

Keyboard Skills	Yes	No	Approx. Speed	Shorthand?	Yes	No	Approx. Speed
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Employment History (List most recent employer first)

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

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). (References must have personally supervised you).

Name	Address	Telephone	Business or Occupation	How Long?

Give name of relative working for Ocean County Health Department. 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, at the legal time.

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 the 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