

**County of Somerset New Jersey**  
Department of Finance & Administrative Services  
P.O. Box 3000  
Somerville, New Jersey 08876-1262

**DIVISION OF  
HUMAN RESOURCES**  
BEVERLY HACKER  
DIRECTOR



(908) 231-7120  
Fax: (908) 575-9309  
TDD (908) 704-6359

## ***EMPLOYMENT APPLICATION PACKET***



**Application for Employment  
COUNTY OF SOMERSET**

DIVISION OF HUMAN RESOURCES  
(908) 231-7120 FAX: (908) 575-9309  
An Equal Opportunity Employer

P.O. Box 3000  
20 Grove Street  
Somerville, NJ 08876-1262

*To help us place you properly, please fill in this form completely and accurately*

	Date
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Name
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Telephone
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Present Address	Number	Street	City	State	Zip
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Specific Position Sought
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Are you able to perform the essential functions of the position for which you have applied with or without reasonable accommodation?      ( ) Yes      ( ) No

Salary or rate of pay expected \_\_\_\_\_

Where did you learn of this position?      ( ) Newspaper      ( ) Agency      ( ) Friend      ( ) Other

Have you ever been employed by the County of Somerset? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_\_\_

Have you ever been convicted of a crime which has not been expunged or sealed by the court? \_\_\_\_\_

***Record of Education***

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE YEAR COMPLETED	DID YOU GRADUATE	LIST DIPLOMA OR DEGREE
Elementary			5 6 7 8	( ) Yes ( ) No	
High			1 2 3 4	( ) Yes ( ) No	
College			1 2 3 4	( ) Yes ( ) No	
Other (Specify)			1 2 3 4	( ) Yes ( ) No	

***Personal References (Not Former Employers or Relatives)***

Name	Address	Phone Number
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Name	Address	Phone Number
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## Work Experience

FROM	TO	NAME AND ADDRESS OF EMPLOYER	DESCRIBE POSITION	SUPERVISOR	REASON FOR LEAVING	RATE OF PAY

Please use this space to give additional information concerning experience, education, skills or qualifications

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I understand that a condition of employment is that I must become a member of the public employee retirement system of New Jersey and that I may have to submit to a physical examination. It is understood that any false statement on this application is sufficient cause for dismissal. The completion of this application does not indicate there are any vacant positions and in no way obligates the County of Somerset.

I understand and agree that my employment is for no definite period of time and may, regardless of date of payment of my wages and salary, be terminated, with or without cause and with or without notice, at any time (except as may be limited by a collective bargaining agreement). I understand that no manager or representative of the County of Somerset, has authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, and that any such agreement, to be enforceable, must be in writing and signed and approved by the Board of Chosen Freeholders of Somerset County. I also understand that neither hours of work which may be assigned to me at any time, nor any other act or circumstance shall constitute a guarantee of employment as to daily or weekly straight time or overtime hours, if any.

The County of Somerset is an equal opportunity employer. Federal and state legislation and county policy prohibit discrimination because of age, race, creed, color, national origin, ancestry, marital status, sex, familial status, atypical hereditary cellular or blood trait, nationality, affectional or sexual orientation, liability for military service, or mental or physical disability, subject only to conditions and limitations applicable alike to all persons.

I hereby certify that all information in this application and all documents attached are true and valid.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

# SOMERSET COUNTY DIVISION OF HUMAN RESOURCES AUTHORIZATION

The undersigned, having applied for the position of \_\_\_\_\_ do hereby authorize the appropriate County Officials to verify my credentials for employment purposes and at any interval thereafter that may be deemed appropriate and necessary.

We may check prior employment, educational credentials and driver's licenses.

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date