

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
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***EMPLOYMENT APPLICATION PACKET
FOR
BRIDGES
FACILITIES & SERVICES
RECYCLING
ROADS
TRANSPORTATION
VEHICLE MAINTENANCE***



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

Telephone

Present Address	Number	Street	City	State	Zip
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Specific Position Sought

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 _____

Name _____ Address _____ Phone Number _____

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

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 #

Endorsements

Applicant Signature

Date

SOMERSET COUNTY DIVISION OF HUMAN RESOURCES

DISCLOSURE REGARDING PRIOR PRE-EMPLOYMENT DRUG AND ALCOHOL TESTING (Commercial Driver's License)

In compliance with the Omnibus Transportation Employee Testing Act of 1991 and the rules mandated by the U.S. Department of Transportation, 49CFR Section 40.25 (j), you are required to answer the following questions:

Within the past two years, have you tested positive on any pre-employment drug or alcohol test administered by an employer to whom you applied for, but did not obtain, safety-sensitive transportation work covered by DOT drug and alcohol testing rules? Yes_____ No_____

Within the past two years, have you refused to submit to any pre-employment drug or alcohol test administered by an employer to whom you applied for, but did not obtain, safety-sensitive transportation work covered by DOT drug and alcohol testing rules? Yes_____ No_____

I understand that if I answer yes to either question, I may not perform the safety-sensitive functions until and unless I document successful completion of the return- to- duty process in connection with such prior employment.

Name

Date



Somerset County Division of Human Resources

***APPLICANT CONSENT
(COMMERCIAL DRIVER'S LICENSE)***

MANDATED DRUG TESTING

In compliance with the Omnibus Transportation Employee Testing Act of 1991 and the rules mandated by The Federal Highway Administration and the U.S. Department of Transportation, I hereby do give my consent to The County of Somerset and Ambassador Medical Services Inc. to perform the appropriate tests to identify the presence of drugs. I further give my permission to release the results of the test to the Division of Human Resources, the County of Somerset.

I understand that if my test for drugs is returned as positive, it will result in my not being considered for employment with the County of Somerset.

Printed Name

Date

Signature