

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
FOR
MENTAL HEALTH CENTER
AND
YOUTH SERVICES***



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 #

Applicant Signature

Date

SOMERSET COUNTY DIVISION OF HUMAN RESOURCES

CRIMINAL BACKGROUND CHECK

A conviction will not necessarily preclude you from employment, unless the nature of the conviction relates adversely to the position.

This is to notify you that a Criminal Background Check will be conducted on you for employment purposes in conformance with N.J.A.C. 13:59-1 et. seq.

By signing the release below, I hereby authorized the County of Somerset to contact law enforcement agencies to release information about my background including criminal history record information, to the County of Somerset.

I release from all liability all persons supplying such information. I indemnify the County of Somerset against any liability, which may result from making such requests. This release shall remain in effect for the length of my employment. I understand and I may have a right to request additional disclosures regarding the nature and scope of the investigation.

I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

Name: _____

(Please print) Other names used: _____

Address: _____

City/State/Zip: _____

Date

Signature of Applicant

SOMERSET COUNTY DIVISION OF HUMAN RESOURCES

RELEASE FOR PHYSICAL TESTING

This is to notify you that you are required to pass a Physical Test in order to be considered for a position in the Mental Health Center or Youth Services Divisions.

By signing the release below, I hereby authorize the release of the physical test results to the County of Somerset.

I release from all liability all persons supplying such information. I indemnify the County of Somerset against any liability, which may result from such requests. This release shall remain in effect for the length of my employment. I understand and I may have a right to request additional disclosures regarding the nature and scope of the investigation.

I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

Name: _____

Address: _____

City/State/Zip: _____

Date

Signature of Applicant