

Application For Employment



COUNTY OF CAPE MAY
DN 121, Central Mail Room
Cape May Court House, NJ

Cape May County is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status of classification

(PLEASE PRINT/TYPE)

Date of Application _____

Position(s) Applied For: _____

Are you seeking a position that is: Full Time _____ Part Time _____ Temporary/Seasonal: _____

(Last Name)

(First Name)

(Middle Name)

(Address)

(Number)

(Street)

(City)

(State)

(Zip Code)

(Telephone Number(s))

(Social Security Number)

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes _____ No _____

Have you ever filed an application with Cape May County Government before?

Yes _____ No _____

If yes, please give approximate date _____

Have you ever worked with Cape May County Government before?

Yes _____ No _____

If yes, please give approximate date _____

Are you currently employed?

Yes _____ No _____

May we contact your present employer?

Yes _____ No _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes _____ No _____

On what date would you be available for work?

Education

	High School	Undergraduate College/University	Graduate/Professional
School Name/Location			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Course of Study			
Describe any specialized training, apprenticeship, skills and extra-curricular activities			
Describe any honors you have received			

Please list any professional, trade, business, civic activities and any offices held (You may exclude memberships which indicate race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or disability or any other legally protected status or classification):

State any additional information about your education that you feel may be helpful in considering your application:

Employment Experience

Start with your present or most recent job and proceed backward.

(1) Employer	Dates of Employment
Address	Telephone Number
Job Title	
Work Performed	Reason for Leaving
(2) Employer	Dates of Employment
Address	Telephone Number
Job Title	
Work Performed	Reason for Leaving
(3) Employer	Dates of Employment
Address	Telephone Number
Job Title	
Work Performed	Reason for Leaving

Please list any special skills and/or qualifications you feel might be helpful to is in considering your application. This includes any languages, professional associations, occupational licenses, certificates or other special job-related skills and qualifications:

Are you now, or have you ever been a member of the New Jersey Public Employees Retirement System or the New Jersey Police and Fireman's Retirement System?

Current Member ____ Past Member ____ No ____

United States Military Service

Veteran: Yes ____ (If yes, a copy of the DD214 is required) No ____

Service Branch: _____

Years of Service: _____

Special Training: _____

Personal References

Please provide the name, address and telephone number of three references who are not related to you and who are not previous employers.

1. _____
2. _____
3. _____

Applicant's Statement

1. I certify that the information provided herein is true, accurate and complete to the best of my knowledge.
2. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
3. This application for employment shall be considered active for a period not to exceed one year.
4. I hereby acknowledge that any employment relationship with the County of Cape May is subject to the New Jersey Civil Service Commission testing and certification procedures.
5. I understand that if my application is incomplete it may be rejected. I understand that submission of false information on this application or in an employment interview is grounds for withdrawal of job offer or termination of my employment. I understand also, that I am required to abide by all rules and regulations of Cape May County Government.
6. 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, and Drug/Alcohol Screening to determine my ability to perform job related functions, and any future examinations as required by the County.

Signature of Applicant

Date

Voluntary Survey

The Federal Equal Employment Opportunity Commission requires us to gather certain information related to employment. The data requested on this form will only be used for information and reporting purposes. It will have no impact on any hiring decision or tenure of employment. Submission of this information is voluntary.

Date: _____

Position Applied for: _____

City in which you reside: _____

Age: _____

Check One: Male Female

Check One: White Black Hispanic
 Other Asian/Pacific Islander American Indian/Alaskan Native

Check Any Applicable: Veteran Disabled Veteran Disabled Individual