

# 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

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	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):

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

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# Employment Experience

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

(1) Employer	Dates of Employment
Address	Telephone Number
Job Title	Hourly Rate/Salary
Work Performed	Reason for Leaving
(2) Employer	Dates of Employment
Address	Telephone Number
Job Title	Hourly Rate/Salary
Work Performed	Reason for Leaving
(3) Employer	Dates of Employment
Address	Telephone Number
Job Title	Hourly Rate/Salary
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:

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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

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

Service Branch: \_\_\_\_\_

Years of Service: \_\_\_\_\_

Special Training: \_\_\_\_\_

## Personal References

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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

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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

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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