



# EMPLOYMENT APPLICATION COUNTY OF BURLINGTON

<b>SEASONAL</b>
<b>PART TIME</b> <b>FULL TIME</b>

**OFFICE:** \_\_\_\_\_

**(PRINT OR TYPE)**

NAME (LAST)                      (FIRST)                      (MIDDLE)	SOCIAL SECURITY NUMBER	AREA CODE & TELEPHONE NO.	
PRESENT ADDRESS (NUMBER & STREET)	(CITY)	(STATE)	(ZIP)
ARE YOU A RESIDENT OF: BURLINGTON COUNTY                      _____ YEARS NEW JERSEY                      _____ YEARS	POSITION APPLYING FOR  N.J. DRIVERS LICENSE MAY BE REQUIRED FOR SOME POSITIONS.		

**MILITARY RECORD-WHAT IS YOUR PRESENT SELECTIVE -SERVICE CLASSIFICATION:**

NON-VETERAN                      VETERAN                      TYPE OF DISCHARGE \_\_\_\_\_

DATES OF SERVICE:                      FROM                      TO

**LIST ALL HIGH SCHOOL, VOCATIONAL TRAINING SCHOOLS, COLLEGES, UNIVERSITIES OR GRADUATE SCHOOLS WHICH YOU HAVE ATTENDED.**

NAME	DATES ATTENDED	GRADUATE	MAJOR AREA OF STUDY	DEGREE OR LICENSE
	FROM:	YES		
	TO:	NO		
	FROM:	YES		
	TO:	NO		
	FROM:	YES		
	TO:	NO		

**MACHINES OPERATED AND/OR SPECIAL SKILLS:**

**LIST ANY OTHER LICENSES, CERTIFICATES OR INTERNSHIPS RELATED TO YOUR SKILL, PROFESSION OR TRADE.**

TYPING:    YES                      NO                      APPROX. SPEED

ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FEDERAL, STATE OF NEW JERSEY OR OTHER STATE'S PENSION OR

.....TGVKITGO GP V'HWP F A\*\*\*\*\*I GU\*\*\*\*\*P Q  
.....  
.....(IF YES,RNGCUG'F GP VHI "VJ G'RGPUQP "HWP F \*U+QT"TGVKITGO GP V'HWP F \*U+CP F "UVCVG'Y J GVJ GT" I QWCTG'RTGUGP VNI "TGEGR I "C'RGPUQP"  
.....HTQO 'QP G'QT"O QTG'QH'WJ GUG'HWP F U+

HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH THE COUNTY OF BURLINGTON?    YES                      NO  
(IF YES, WHEN?) DATE:

REMARKS:

.....I HEREBY GIVE MY CONSENT FOR THE COUNTY OF BURLINGTON TO OBTAIN EMPLOYMENT  
.....AND PROFESSIONAL REFERENCES: \_\_\_\_\_

Signature

**EMPLOYMENT RECORD / BEGIN WITH PRESENT POSITION / ATTACH ADDITIONAL SHEETS OR RESUME IF APPLICABLE**

NAME AND ADDRESS OF EMPLOYER	TITLE:	BRIEF DESCRIPTION OF DUTIES:
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DATES OF EMPLOYMENT: FROM: _____ TO: _____	REASON FOR LEAVING: _____	FULL TIME      PART TIME NUMBER OF HOURS PER WEEK: _____
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NAME AND ADDRESS OF EMPLOYER	TITLE:	BRIEF DESCRIPTION OF DUTIES:
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DATES OF EMPLOYMENT: FROM: _____ TO: _____	REASON FOR LEAVING: _____	FULL TIME      PART TIME NUMBER OF HOURS PER WEEK: _____
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NAME AND ADDRESS OF EMPLOYER	TITLE:	BRIEF DESCRIPTION OF DUTIES:
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DATES OF EMPLOYMENT: FROM: _____ TO: _____	REASON FOR LEAVING: _____	FULL TIME      PART TIME NUMBER OF HOURS PER WEEK: _____
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**REFERENCES: (GIVE NAMES OF THREE (3) PROFESSIONALS WHOM YOU HAVE KNOWN FOR MORE THAN TWO (2) YEARS.)**

NAME	ADDRESS	TELEPHONE NUMBER	POSITION

**HAVE YOU EVER BEEN EMPLOYED BY BURLINGTON COUNTY?**      YES      NO

(IF YES, EXPLAIN):      FROM: \_\_\_\_\_      TO: \_\_\_\_\_

                                 DEPARTMENT: \_\_\_\_\_      SUPERVISOR: \_\_\_\_\_

                                 REASON FOR LEAVING: \_\_\_\_\_

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. ANY FALSE OR MISLEADING STATEMENT WILL BE CAUSE FOR REJECTION OR REMOVAL. PLEASE TAKE NOTICE THAT THE APPLICANT IF EMPLOYED WILL NOT BE EMPLOYED AS A LATERAL TRANSFER FROM ANY OTHER POSITION. PLEASE TAKE FURTHER NOTICE THAT IN RETURN FOR BEING EMPLOYED, IF EMPLOYED, THE APPLICANT BY HIS OR HER SIGNATURE AFFIXED BELOW DOES PRESENTLY WAIVE AND GIVE UP ANY AND ALL RIGHTS AND BENEFITS HE OR SHE MIGHT OTHERWISE HAVE BEEN ENTITLED TO BY VIRTUE OF THE PROVISIONS OF NJSA 40A:9-5 AND ANY APPLICABLE STATUTES.

DATE OF APPLICATION: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

(Civilian)