



The County of Morris
 Personnel Division
 Administration & Records Building
 P.O. Box 900
 Morristown, New Jersey 07963-0900

**Application for
 Employment**

Date

The County of Morris is an Equal Opportunity Employer.
 (Do not include any information regarding race, color, creed, religion, sex, national origin, or handicap.)

Complete entire application. All fields are required unless otherwise noted.

Name

 First Middle Last

Home Address

 Number & Street

 City County State Zip Code

Primary Contact Phone

Alternate Phone (optional)

Are you under 18 years of age? **Do you reside in Morris County?** **Are you legally employable in the United States?**
 Yes No Yes No Yes No

Have you been employed here before?
 Yes No Dates:
 From ___/___ to ___/___

Names of friends or relatives employed here?

In case of emergency, notify:

 Name Address Phone Number

Position Desired	Full Time Part Time	Days/Hours if Part Time	Salary Expected	Date Available
<input type="text"/>				

EDUCATION

If information is not available, please write "N/A"

Highest Year Attended	Name and Location of School	Major Course of Study and Degree Earned	Were you graduated?
Grammar School			X
5 6 7 8			
High school			
0 1 2 3 4			
College			
0 1 2 3 4			
Trade School, Tech School College, Apprenticeship, Other			

MILITARY SERVICE

Branch of Service	Rank	Specialty
_____	_____	_____

SPECIAL SKILLS

Special Skills or Training Received

Hobbies & Interests	Current Part Time or Personal Business	Are you now or have you ever been enrolled in a State administered pension system?
_____	_____	Yes No

EMPLOYMENT RECORD

A resume may supplement but not substitute this information.

Most Recent Last Employer

Name of Company		Type of Business		
_____		_____		
Address				
Street and Number	City	County	State	Zip Code
_____	_____	_____	_____	_____
Title of Job	Employed From	To		
_____	_____	_____		
Description of Work				
Name of Your Supervisor		Supervisor's Title		
_____		_____		
Reason for Leaving		May we contact this employer?		
_____		Yes No		

Previous Employer(s) (List in similar order)

Name of Company		Type of Business		
_____		_____		
Address				
Street and Number	City	County	State	Zip Code
_____	_____	_____	_____	_____
Title of Job	Employed From	To		
_____	_____	_____		
Description of Work				
Name of Your Supervisor		Supervisor's Title		
_____		_____		
Reason for Leaving		May we contact this employer?		
_____		Yes No		

Name of Company		Type of Business		
_____		_____		
Address				
Street and Number	City	County	State	Zip Code
_____	_____	_____	_____	_____
Title of Job	Employed From	To		
_____	_____	_____		
Description of Work				
Name of Your Supervisor		Supervisor's Title		
_____		_____		
Reason for Leaving		May we contact this employer?		
_____		Yes No		

Name of Company		Type of Business		
_____		_____		
Address				
Street and Number	City	County	State	Zip Code
_____	_____	_____	_____	_____
Title of Job		Employed From	To	
_____		_____	_____	
Description of Work				

Name of Your Supervisor			Supervisor's Title	
_____			_____	
Reason for Leaving			May we contact this employer?	
_____			Yes No	

REFERENCES

Do not give Relatives or Former Employees as References

Name	Street	City	State	Zip
_____	_____	_____	_____	_____
Telephone	Occupation			Known for how long?
_____	_____			_____

Name	Street	City	State	Zip
_____	_____	_____	_____	_____
Telephone	Occupation			Known for how long?
_____	_____			_____

Name	Street	City	State	Zip
_____	_____	_____	_____	_____
Telephone	Occupation			Known for how long?
_____	_____			_____

On September 01, 2011, the "New Jersey First Act", P.L. 2011, 270 (N.J.S.A. 52:14-7), became effective. Under this residency law, all employees of the State and local government must reside in the State of New Jersey from date of hire until separation. For more information on the aforementioned please refer to the following web site; <http://www.state.nj.us/csc/about/news/safety/njfirstact.html>.

I hereby authorize investigation of all statements contained in this application. I hereby further agree to undergo a physical examination by a physician selected by the County of Morris. Pre-employment medical examination will include controlled substance abuse screening test.

I understand that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or separation from the County's service; if I have been employed, I agree to abide by all rules and regulations set forth by the County of Morris.

If applicable, I also understand that the job I am applying for is temporary, pending successful completion of Civil Service Examination and appointing procedures.

I hereby release the County of Morris or those individuals or corporations who provide information relating to my prior employment or character from all liability whatsoever that may issue from securing such information.

SIGNATURE

By checking this box you have agreed that your electronically typed signature is as legally binding as your hand-written signature.

/S/ _____

If your application is completed by someone other than applicant, the following must be signed:

I hereby attest that all statements on the application are true and that the applicant has complete knowledge and understanding of all information on the form.

Date

Signed
/S/ _____

Address

