

BOARD OF
CHOSEN FREEHOLDERS

COUNTY OF GLOUCESTER
STATE OF NEW JERSEY

FREEHOLDER DIRECTOR
Robert M. Damminger

COUNTY ADMINISTRATOR
Chad M. Bruner



HUMAN RESOURCES

2 South Broad Street
PO Box 337
Woodbury, NJ 08096

Phone 856.853.3264
Fax 856.853.3266

hrdept@co.gloucester.nj.us

www.gloucestercountynj.gov

The County of Gloucester complies with all state and federal rules and regulations and does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex in admission to, access to, or operations of its programs, services, activities or in its employment practices. In addition, Gloucester County encourages the participation of people with disabilities in its programs and activities and offers special services to all County residents 60 years of age and older. Inquiries regarding compliance may be directed to the EEO office at (856) 384-6903 or through the County's ADA Coordinator at (856) 384-6842 / New Jersey Relay Service 711.



Dear Applicant:

Please note that many of the County of Gloucester job positions are subject to New Jersey Civil Service Commission (formerly the NJ Department of Personnel) rules and regulations.

Please keep this letter for your records and visit the state's website at <http://www.state.nj.us/csc> for more information and job announcements.

This form has e-fillable form boxes. Upon completion, please print, **hand sign the signature line**, and submit to Human Resources.

ALL EMPLOYMENT APPLICATIONS MUST BE SIGNED BY APPLICANT in order to be processed.

Thank you.



**COUNTY OF GLOUCESTER
APPLICATION FOR EMPLOYMENT**

FOR HUMAN RESOURCES OFFICE USE ONLY

NO APPLICATION WILL BE PROCESSED OR CONSIDERED UNLESS COMPLETED IN FULL

TODAY'S DATE YEAR _____ /MONTH _____ /DAY _____

NAME _____
(LAST) (FIRST) (MIDDLE)

PRESENT ADDRESS _____
(NUMBER and STREET)

(CITY or TOWN) (STATE) (ZIP) TELEPHONE HOME _____
CELL _____
EMAIL _____

(MUNICIPALITY)

ARE YOU OVER THE AGE OF 18? ____ IF NO, HIRE IS SUBJECT TO VERIFICATION THAT YOU ARE OF MINIMUM LEGAL AGE.

POSITIONS DESIRED:

1. _____ MINIMUM SALARY REQUIRED _____
FULL TIME _____ PART-TIME _____
2. _____ SHIFT DESIRED: _____
DATE AVAILABLE FOR WORK _____

POSITIONS SHALL REQUIRE PRE-EMPLOYMENT POST-OFFER BACKGROUND CHECKS AS REQUIRED BY LAW.

	YES	NO	IF YES, PLEASE EXPLAIN CIRCUMSTANCES
1 HAVE YOU EVER PREVIOUSLY BEEN EMPLOYED BY US?			DEPARTMENT DATE
2 HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH THE COUNTY?			DEPARTMENT DATE

EDUCATION

EDUCATION / TRADE	GRADUATED (PLEASE INDICATE YES OR NO BELOW)	MAJOR STUDY	TYPE OF DEGREE	G.P.A.
NAME OF HIGH SCHOOL / HIGHEST GRADE COMPLETED				
COLLEGE OR UNIVERSITY (IF APPLICABLE)				
BUSINESS OR TECHNICAL (IF APPLICABLE)				

EMPLOYMENT RECORD

NAME, ADDRESS AND PHONE # OF EMPLOYER	DATES MM/YYYY	DESCRIBE THE WORK YOU DID	SALARY	REASON FOR LEAVING
	FROM:		START	
	TO:		END:	
PHONE:				
SUPERVISOR:				
NAME, ADDRESS AND PHONE # OF EMPLOYER	DATES MM/YYYY	DESCRIBE THE WORK YOU DID	SALARY	REASON FOR LEAVING
	FROM:		START	
	TO:		END:	
PHONE:				
SUPERVISOR:				
NAME, ADDRESS AND PHONE # OF EMPLOYER	DATES MM/YYYY	DESCRIBE THE WORK YOU DID	SALARY	REASON FOR LEAVING
	FROM:		START	
	TO:		END:	
PHONE:				
SUPERVISOR:				

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? _____ IF NOT, INDICATE BY NO. WHICH ONE(S) YOU DO NOT WISH US TO CONTACT _____

LIST ANY TECHNICAL OR BUSINESS SKILLS WHICH YOU THINK WILL FIT YOU FOR WORK WITH US:

LIST ANY FRIENDS WORKING FOR US: _____

LIST ANY RELATIVES WORKING FOR US: _____

PERSONAL REFERENCES (NOT FORMER EMPLOYERS OR RELATIVES)

NAME AND OCCUPATION	ADDRESS	PHONE

GLOUCESTER COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

The responsibility for implementation and management of Gloucester County's Affirmative Action Program is assigned to the freeholder in charge of the Human Resources Department and the County's EEOC Officer. Please contact them directly, or the Human Resources Director, if you feel you have been discriminated against or unfairly treated on the basis of race, color, religion, national origin, sex or physical or mental disability.

I CERTIFY THAT THE INFORMATION ON THE APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. IF I AM APPOINTED ON THE BASIS OF ANY MISSTATEMENT HEREIN, I SHALL BE SUBJECT TO REMOVAL.

SIGNATURE

DATE

COUNTY OF GLOUCESTER EQUAL OPPORTUNITY DATA FORM

The County of Gloucester prohibits discrimination on the basis of race, color, religion, national origin, gender, sexual orientation, past or present disability, ancestry, age, marital status, parental status or military status. It is committed to a program of affirmative action compliance with the Title VI Civil Rights Act of 1964, Title IX of Educational Amendment Act of 1972, Section 504 of Rehabilitation Act of 1973 and Title X NJ Civil Rights Laws. For questions concerning discrimination, call Milton Hinton @ (856) 384-6903 of the Human Resources Department.

ALL INFORMATION REQUESTED BELOW IS COMPLETELY VOLUNTARY. REFUSAL TO PROVIDE INFORMATION WILL NOT SUBJECT YOU TO ANY ADVERSE TREATMENT. THE INFORMATION PROVIDED WILL NOT BE PART OF YOUR APPLICATION FOR EMPLOYMENT AND WILL NOT BE AVAILABLE TO ANY DEPARTMENT CONSIDERING YOU FOR EMPLOYMENT. THIS INFORMATION IS REQUESTED FOR REPORTING PURPOSES ONLY.

DATE FORM COMPLETED: _____ / _____ / _____ SEX: _____ Male _____ Female

RACE/ETHNIC ORIGIN (Please see definition) _____ Asian _____ Hispanic or Latino
 _____ American Indian or Alaskan Native _____ White
 _____ Black or African American
 _____ Native Hawaiian or Other Pacific Islander
 _____ Other Race (please identify) _____

INDICATE TYPE OF POSITION(S) DESIRED: _____ Secretarial/Clerical _____ Administrative/ Management
 _____ Engineering _____ Labor/Heavy Equipment
 _____ Technical/Paraprofessional _____ Building Maintenance/Service
 _____ Other _____

ARE YOU A RESIDENT OF PUBLIC HOUSING? _____ YES _____ NO

ARE YOU THE RECIPIENT OF PUBLIC ASSISTANCE? _____ YES _____ NO

Definitions of Race/Ethnic Groups

The race/ethnic groups for State statistics and Federal reporting are defined as follows:

ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, and the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

AMERICAN INDIAN OR ALASKAN NATIVE: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community recognition.

BLACK OR AFRICAN AMERICAN: A person having origins in any of the black racial groups of Africa.

HISPANIC or LATINO: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race.

WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

OTHER RACE: Combination of any above defined race/ethnic groups.