

**ATLANTIC COUNTY GOVERNMENT**  
**Division of Human Resources**  
 1333 Atlantic Avenue • Atlantic City, NJ 08401-8394  
[www.aclink.org](http://www.aclink.org)



**- APPLICATION FOR EMPLOYMENT -**

(PLEASE PRINT)

Position desired:	Other positions you feel qualified for:
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**PERSONAL DATA**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip

County \_\_\_\_\_ Social Security Number \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Message Phone (\_\_\_\_) \_\_\_\_\_  
Area Code Area Code

Are you either a United States citizen or a permanent resident?  Yes  No

Have you ever held a position with Atlantic County Government?  Yes  No

Are you 18 years of age or over?  Yes  No

If yes, give dates of previous employment: \_\_\_\_\_

Have you ever been convicted of a crime or disorderly persons offense other than a traffic violation?  Yes  No

If the operation of a vehicle is necessary for this position, a valid N.J. driver's license is required. Do you have a valid N.J. license?  Yes  No

If yes, please explain on page 3. A conviction may not preclude an offer of employment.

If position requires a Commercial Driver's License (CDL), please list driver's license number: \_\_\_\_\_

Are you related to any County employee?  Yes  No  
 If so, please provide name and relationship:

**PREVIOUS EMPLOYMENT HISTORY**

List most recent employer first. Use additional sheets if necessary.

May we make a reference check with your present employer(s)?  Yes  No Initials \_\_\_\_\_

<p><b>(1)</b></p> <p>Employer _____ Phone _____</p> <p>Street Address _____ City/State _____ Zip Code _____</p> <p>Dates Employed (from/to) _____ Supervisor _____</p> <p>Position Held _____</p> <p>Duties _____</p> <p>Reason for Leaving _____ Salary _____</p>	<p><b>(3)</b></p> <p>Employer _____ Phone _____</p> <p>Street Address _____ City/State _____ Zip Code _____</p> <p>Dates Employed (from/to) _____ Supervisor _____</p> <p>Position Held _____</p> <p>Duties _____</p> <p>Reason for Leaving _____ Salary _____</p>
<p><b>(2)</b></p> <p>Employer _____ Phone _____</p> <p>Street Address _____ City/State _____ Zip Code _____</p> <p>Dates Employed (from/to) _____ Supervisor _____</p> <p>Position Held _____</p> <p>Duties _____</p> <p>Reason for Leaving _____ Salary _____</p>	<p><b>(4)</b></p> <p>Employer _____ Phone _____</p> <p>Street Address _____ City/State _____ Zip Code _____</p> <p>Dates Employed (from/to) _____ Supervisor _____</p> <p>Position Held _____</p> <p>Duties _____</p> <p>Reason for Leaving _____ Salary _____</p>

Have you ever been dismissed from any of these positions?  Yes  No

**OFFICE SKILLS**

Typing speed: \_\_\_\_\_

Computer, Hardware/Software packages: \_\_\_\_\_

**EDUCATION**

	<i>School Name &amp; Location</i>	<i>Highest Grade Completed</i>	<i>Degree/Course of Study</i>
High School			
College			
Graduate			
Other Special Training			

State any additional information you feel may be helpful to us in considering your application, such as languages, professional associations, occupational licenses, certificates, etc.

\_\_\_\_\_

**UNITED STATES MILITARY SERVICE**

Veteran:  Yes  No Service Branch \_\_\_\_\_

Special Service Training \_\_\_\_\_

If a tentative offer of employment is made, are you willing to:

a) receive a complete pre-hire health screening?  Yes  No

b) authorize a release of the results to the Division of Human Resources?  Yes  No

**REFERENCES**

Please provide (3) references who are not related to you and who are not previous employers.

<i>Name</i>	<i>Street Address</i>	<i>City/State/Zip Code</i>	<i>Phone Number</i>
1. _____			
2. _____			
3. _____			

In case of emergency contact:

<i>Name</i>	<i>Street Address</i>	<i>City/State</i>	<i>ZipCode</i>	<i>Phone</i>	<i>Relationship</i>
<p>We are an Equal Employment Opportunity Employer. All applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, physical or mental disabilities, or other status as protected by Federal or State Law.</p>					

**APPLICANT'S STATEMENT**

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and does not intend to be a contract of employment. ***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 employment. I understand, also, that I am required to abide by all rules and regulations of Atlantic County Government.

Signature \_\_\_\_\_ Date of Application \_\_\_\_\_

**AN EQUAL OPPORTUNITY EMPLOYER**

If you have been convicted of a crime, please cite year, conviction, county or state of conviction.

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**E.E.O.**

The Federal Equal Employment Opportunity Commission requires us to monitor employment and referral. The data requested on this form will only be used for information and reporting purposes. In no case will it affect a hiring decision or tenure of employment. Submission of information is voluntary.

(PLEASE PRINT)

Date \_\_\_\_\_

Position(s) Applied for: \_\_\_\_\_

Referral Source:

- Advertisement     Friend     Relative     Walk In     County Web Page

Other \_\_\_\_\_

Personal Data:

- Male     Female    Date of Birth: \_\_\_\_\_

Race/Ethnic Group:

- White     Black     Hispanic     American Indian/Alaskan Native     Asian/Pacific Islander

***In accordance with NJSA 34 ("Right To Know" law), information is available on hazardous substances you may be potentially exposed to at various work sites. For more information, contact the Atlantic County Division of Public Health.***

