

HUDSON COUNTY SHERIFFS OFFICE
595 NEWARK AVENUE
JERSEY CITY, NJ 07306
ROOM G-8

Application for Employment
 County of Hudson
 Finance and Administration
 Division of Personnel
 830 Bergen Avenue, Floor 5A
 Jersey City, NJ 07305
 201 795-6255 (MAIN) 201 395-3424 (FAX)

AN EQUAL OPPORTUNITY EMPLOYER

(PLEASE PRINT IN INK OR TYPE)

DATE: ____ / ____ / ____

NAME: _____ / _____ / _____ / _____
 (LAST) (FIRST) (MI) (SOCIAL SECURITY NUMBER)

ADDRESS: _____
 (NUMBER & STREET) (CITY) (STATE) (ZIP)

PHONE: (____) _____ CELL: (____) _____ EMAIL: _____

Position applied for:	Salary desired:
Availability for work: <input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/> Shift Work Date: ____ / ____ / ____	Have you previously filed an employment application with the County? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, dates _____ Were you previously employed by the County? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, dates _____
How were you referred to us? <input type="checkbox"/> Agency <input type="checkbox"/> Advertisement <input type="checkbox"/> Walk-in <input type="checkbox"/> Other _____	New Jersey Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's License # _____

EDUCATION AND TRAINING: List any high schools, colleges, universities and graduate schools which you have attended. You may also include business, vocational, technical and other schools you may have attended that are related to the position for which you are applying.

Circle Highest Year Attended	Name and Location of School	Major Course of Study	Diploma, Degree or Certificate Earned
Highschool (1 2 3 4)			
College (1 2 3 4)			
Vocational, Business School, Other (1 2 3 4)			

ADDITIONAL INFORMATION:

Machines operated and/or special skills PC Fax Scanner Photocopier Switchboard/Multi-line phone

Computer Skill/Software(s): Professional File Microsoft Office (Word, Excel, PowerPoint, Access, Schedule Plus) Typing No Yes
 WPM _____ Other: _____

Machinery/Tools used for (Maintenance/Repair, Masonry, Plumbing etc.)
 Specify: _____

List licenses, registration or certification possessed in connection with employment or education:

EMPLOYMENT HISTORY: List most recent employer first. Use additional sheets if necessary. Please attach resume' if applicable.

(1) _____ Employer Phone			(3) _____ Employer Phone		
Street Address		City/State	Street Address		City/State
Zip			Zip		
Position Held		Dates of employment (month/year)		Position Held	
Duties		Duties		Reason for Leaving	
Reason for Leaving		Salary/Hourly rate		Salary/Hourly rate	
(2) _____ Employer Phone			(4) _____ Employer Phone		
Street Address		City/State	Street Address		City/State
Zip			Zip		
Position Held		Dates of employment (month/year)		Position Held	
Duties		Duties		Reason for Leaving	
Reason for Leaving		Salary/Hourly rate		Salary/Hourly rate	

May we contact the above employer(s)? Yes No If No, explain:

REFERENCES: List three (3) persons who are not relatives of yours, or employees of Hudson County

1. _____
 2. _____
 3. _____

Name	Address	Telephone
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EMPLOYMENT STATEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

I affirm that the information given by me in this application is accurate and complete. I understand that any falsification will be considered grounds for dismissal. I authorize County of Hudson to investigate any information contained in this application for employment, except where my written statement specifically requests that no reference be made.

Applicant's signature _____

Date _____

County of Hudson
AUTHORIZATION TO RELEASE INFORMATION

I am a serious applicant for employment with the County of Hudson ("County"). As such, I certify that the information I have provided to the County both orally and in writing is accurate and complete. I authorize the County and any agent acting on its behalf to confirm this information and to secure necessary information from all my employers, references, and academic institutions. As part of this inquiry, my complete driving record will be procured and reviewed. I release all of those information providers, the County and any agent acting on its behalf from any and all liability arising from their giving or receiving information about my employment history, academic credentials or qualifications, criminal history, and driving records. This authorization will remain in effect throughout the term of my employment to expressly authorize the County to procure, and any provider, to divulge said information not only upon initial employment, but also at such additional times as the County may deem warranted. I understand that this information is confidential and that disclosure of this information to me and to others will be governed by the County policy and applicable state and federal laws.

Any false or misleading statements I have made will be sufficient cause for rejection of my application or for dismissal if the County employs me and subsequently discovers said false or misleading statement.

By affixing my signature to this document, I certify that I have read and understand the preceding statement and that I have agreed to same voluntarily.

Signature _____ Date _____

Full Name (please print)

First: _____ Middle: _____ Last: _____

Other Last Names Used: _____ Date of Birth: _____

Social Security Number: _____ Race/Sex (Optional) _____

Current Physical Address: _____

City: _____ State: _____ Zip Code: _____

Tel No: () _____ Driver's License No. _____ State Issued: _____

Other cities and states in which you have resided in during the past 7 years: _____

May we contact your current employer at this time? YES ___ NO ___
 (If NO, we will wait to contact your current employer last and notify you before doing so).

Have you ever been convicted of a crime other than minor traffic violations? (Drunk, reckless or hit-run driving are not minor violations) Include any convictions by military trial. List ALL reportable convictions (including guilty pleas and fines paid). You must include any pending/current criminal charges. Failure to admit may be cause for disqualification. Use the back of this form if additional space is needed.

YES ___ NO ___

Offense	Date of Conviction	City, State	Sentence

Dept. Name _____ Position/ Title _____