

ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FEDERAL, STATE OF NEW JERSEY OR OTHER STATE'S PENSION FUND OR RETIREMENT FUND? YES NO
 (IF YES, RINGCUG'K GP VHKI "VJ G'RGP UKQP 'HWP F *U+QT"TGVTGO GP V'HWP F *U+CP F 'UVCVGY J GVJ GT' QWCTG'RTGUGP VN' 'TGEGRKI 'C'RGP UKQP HTQO 'QP G'QT'O QTG'QHVI GUG'HWP F U)

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

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:	
DATES OF EMPLOYMENT: FROM: TO:	REASON FOR LEAVING:	FULL TIME	PART TIME
NAME AND ADDRESS OF EMPLOYER	TITLE:	BRIEF DESCRIPTION OF DUTIES:	
DATES OF EMPLOYMENT: FROM: TO:	REASON FOR LEAVING:	FULL TIME	PART TIME
NAME AND ADDRESS OF EMPLOYER	TITLE:	BRIEF DESCRIPTION OF DUTIES:	
DATES OF EMPLOYMENT: FROM: TO:	REASON FOR LEAVING:	FULL TIME	PART TIME
REFERENCES: (GIVE NAMES OF THREE (3) UNRELATED PERSONS WHOM YOU HAVE KNOWN FOR MORE THAN TWO (2) YEARS.)			
NAME	ADDRESS	TELEPHONE NUMBER	POSITION

HAVE YOU EVER BEEN EMPLOYED BY BURLINGTON COUNTY? YES N NO
 (IFYES,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: _____

(DOC)