



EMPLOYMENT APPLICATION COUNTY OF BURLINGTON

OFFICE: _____

SEASONAL	<input type="checkbox"/>
PART TIME	<input type="checkbox"/>
FULL TIME	<input type="checkbox"/>

(PRINT OR TYPE)

NAME (LAST)	(FIRST)	(MIDDLE)	AREA CODE & TELEPHONE NO.	
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PRESENT ADDRESS (NUMBER & STREET)	(CITY)	(STATE)	(ZIP)
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E-MAIL ADDRESS

ARE YOU A RESIDENT OF: BURLINGTON COUNTY _____ NEW JERSEY _____	POSITION APPLYING FOR N.J. DRIVERS LICENSE MAY BE REQUIRED FOR SOME POSITIONS.
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MILITARY RECORD-WHAT IS YOUR PRESENT SELECTIVE -SERVICE CLASSIFICATION:

NON-VETERAN VETERAN TYPE OF DISCHARGE _____

DATES OF SERVICE: FROM TO

LIST ALL HIGH SCHOOL, VOCATIONAL TRAINING SCHOOLS, COLLEGES, UNIVERSITIES OR GRADUATE SCHOOLS WHICH YOU HAVE ATTENDED.

NAME	DATES ATTENDED	GRADUATE	MAJOR AREA OF STUDY	DEGREE OR LICENSE
		YES <input type="checkbox"/> NO <input type="checkbox"/>		
		YES <input type="checkbox"/> NO <input type="checkbox"/>		
		YES <input type="checkbox"/> NO <input type="checkbox"/>		

MACHINES OPERATED AND/OR SPECIAL SKILLS:

LIST ANY OTHER LICENSES, CERTIFICATES OR INTERNSHIPS RELATED TO YOUR SKILL, PROFESSION OR TRADE.

TYPING: YES NO APPROX. SPEED

ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FEDERAL, STATE OF NEW JERSEY OR OTHER STATE'S PENSION OR RETIREMENT FUND? YES NO

(IF YES, PLEASE IDENTIFY THE PENSION FUND(S) OR RETIREMENT FUND(S) AND STATE WHETHER YOU ARE PRESENTLY RECEIVING A PENSION FROM ONE OR MORE OF THESE FUNDS)

HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH THE COUNTY OF BURLINGTON? YES NO

(IF YES, WHEN?) DATE: _____

REMARKS:

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, ADDRESS AND PHONE# OF EMPLOYER	TITLE:	BRIEF DESCRIPTION OF DUTIES:	
DATES OF EMPLOYMENT: FROM: _____ TO: _____		REASON FOR LEAVING: _____	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>
		NUMBER OF HOURS PER WEEK: _____	
NAME, ADDRESS AND PHONE# OF EMPLOYER	TITLE:	BRIEF DESCRIPTION OF DUTIES:	
DATES OF EMPLOYMENT: FROM: _____ TO: _____		REASON FOR LEAVING: _____	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>
		NUMBER OF HOURS PER WEEK: _____	
NAME, ADDRESS AND PHONE# OF EMPLOYER	TITLE:	BRIEF DESCRIPTION OF DUTIES:	
DATES OF EMPLOYMENT: FROM: _____ TO: _____		REASON FOR LEAVING: _____	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>
		NUMBER OF HOURS PER WEEK: _____	
REFERENCES: (GIVE NAMES OF THREE (3) PROFESSIONALS WHOM YOU HAVE KNOWN FOR MORE THAN TWO (2) YEARS.)			
NAME	ADDRESS	TELEPHONE NUMBER	POSITION
HAVE YOU EVER BEEN EMPLOYED BY BURLINGTON COUNTY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
(IF YES, 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: _____	
(Civilian)			

Please submit to: Applications@co.burlington.nj.us