



P. O. Box 428
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County of Middlesex

An Equal Opportunity Employer

Application For Employment

EMPLOYEES OF THE COUNTY OF MIDDLESEX AND APPLICANTS FOR EMPLOYMENT SHALL BE AFFORDED EQUAL OPPORTUNITY IN ALL ASPECTS OF EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, POLITICAL AFFILIATION, NATIONAL ORIGIN, DISABILITY, GENDER OR AGE.

Position Applied For:			
Full Legal Name:			
Address:			
City:			
State:		Zip Code:	
Home Phone:	()	Business Phone:	()

Education:	School Name and Location	Dates Attended	Degree or Diploma
High School			
College			
Other			
Other			

License (to include driver's), certificate or other authorization to practice a trade or profession.

Name	License Number	Expiration Date	Granted By (Licensing Board)

Employer:			
Address:			
Job Title:			
Phone #:		Supervisor:	
Type of Business:		Type of Equipment Used:	
Date of Employment: From: To:		Number of Employees Supervised	
Starting Salary or Hourly Rate:		Ending Salary or Hourly Rate:	
Duties:			
Reason for Leaving:			

References:

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

Miscellaneous:

For purposes of compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the United States? _____ Yes _____ No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

Have you ever been convicted of a law violation(s), including moving traffic violations, but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a Juvenile Court or under a youth offender law? ___ Yes ___ No. If yes, list all and explain

_____.

What is the minimum starting salary that you will accept? _____ Annually _____ Hourly.

When will you be able to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.) ___ Month ___ Day ___ Year.

Certification: *Each Application Requires Current Date and Original Signature*

I hereby certify that all entries and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery may cause forfeiture on my part to employment in the service of Middlesex County. I understand that all information on this application is subject to verification and I consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the County to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies or departments on a need to know basis for good cause shown as determined by the department head or designee. I also agree that, if employed, I will be required to abide by all rules and regulations as contained in the Personnel Policy Manual, adopted by the Middlesex County Board of Supervisors on December 17, 1996.

Date:		Applicant Signature	
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Revision #2