



**COUNTY OF GLOUCESTER APPLICATION  
FOR SUMMER 2016 EMPLOYMENT**

NO APPLICATION WILL BE PROCESSED OR CONSIDERED UNLESS COMPLETED IN FULL

TODAY'S DATE YEAR \_\_\_\_\_ /MONTH \_\_\_\_\_ /DAY \_\_\_\_\_

NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

PRESENT ADDRESS \_\_\_\_\_  
(NUMBER and STREET)

\_\_\_\_\_  
(CITY or TOWN) (STATE) (ZIP) TELEPHONE HOME \_\_\_\_\_  
CELL \_\_\_\_\_  
EMAIL \_\_\_\_\_

\_\_\_\_\_  
(MUNICIPALITY)

ARE YOU UNDER THE AGE OF 18? YES NO *If you checked yes, please list your age:*

(THE ABOVE INFORMATION IS NECESSARY TO DETERMINE IF PROSPECTIVE EMPLOYEE WILL NEED WORKING PAPERS)

SUMMER POSITIONS DESIRED: SOME POSITIONS MAY REQUIRE EXPOSURE TO ANIMALS & OUTDOOR ACTIVITY

1. \_\_\_\_\_ FULL TIME PART-TIME

2. \_\_\_\_\_ DATE AVAILABLE

POSITIONS SHALL REQUIRE PRE-EMPLOYMENT POST-OFFER BACKGROUND CHECKS AS REQUIRED BY LAW.

1	HAVE YOU EVER PREVIOUSLY BEEN EMPLOYED BY US?	YES	NO	<i>SOME DEPTS REQUIRE EXPOSURE TO ANIMALS &amp; OUTDOOR FACILITIES</i>
				DEPARTMENT DATE
2	DO YOU HAVE ANY ALLERGIES?			IF YOU ANSWERED YES, PLEASE LIST ALLERGIES

**EDUCATION**

EDUCATION / TRADE	GRADUATED (PLEASE INDICATE YES OR NO BELOW)	MAJOR STUDY	TYPE OF DEGREE	G.P.A.
HIGHEST GRADE COMPLETED (IF YOU ARE STILL IN HIGH SCHOOL, PLEASE LIST WHAT SCHOOL YOU CURRENTLY ATTEND)				
COLLEGE OR UNIVERSITY (IF APPLICABLE)				
BUSINESS OR TECHNICAL (IF APPLICABLE)				

## EMPLOYMENT RECORD

NAME, ADDRESS AND PHONE # OF EMPLOYER	DATES MM/YYYY	DESCRIBE THE WORK YOU DID	SALARY	REASON FOR LEAVING
	FROM:		START	
	TO:		END:	
PHONE:				
SUPERVISOR:				
NAME, ADDRESS AND PHONE # OF EMPLOYER	DATES MM/YYYY	DESCRIBE THE WORK YOU DID	SALARY	REASON FOR LEAVING
	FROM:		START	
	TO:		END:	
PHONE:				
SUPERVISOR:				
NAME, ADDRESS AND PHONE # OF EMPLOYER	DATES MM/YYYY	DESCRIBE THE WORK YOU DID	SALARY	REASON FOR LEAVING
	FROM:		START	
	TO:		END:	
PHONE:				
SUPERVISOR:				

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE?      YES                  NO

LIST ANY TECHNICAL OR BUSINESS SKILLS WHICH YOU THINK WILL FIT YOU FOR WORK WITH US:

\_\_\_\_\_

LIST ANY FRIENDS WORKING FOR US: \_\_\_\_\_

LIST ANY RELATIVES WORKING FOR US: \_\_\_\_\_

### PERSONAL REFERENCES (NOT FORMER EMPLOYERS OR RELATIVES)

NAME AND OCCUPATION	ADDRESS	PHONE

#### GLOUCESTER COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

The responsibility for implementation and management of Gloucester County's Affirmative Action Program is assigned to the freeholder in charge of the Human Resources Department and the County's EEOC Officer. Please contact them directly, or the Human Resources Director, if you feel you have been discriminated against or unfairly treated on the basis of race, color, religion, national origin, sex or physical or mental disability.

I CERTIFY THAT THE INFORMATION ON THE APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. IF I AM APPOINTED ON THE BASIS OF ANY MISSTATEMENT HEREIN, I SHALL BE SUBJECT TO REMOVAL.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

