

# Camden County Employment Application

Employees of Camden County are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the County's elected officials. Each employee is expected to conduct him/herself in a manner that reflects favorably upon the County and recognize that our employees are subject to additional public scrutiny in their public and personal lives .

<b>APPLICATION FOR EMPLOYMENT</b>		
<b>Instructions to Applicant:</b> Please TYPE OR PRINT legibly and complete all pages of this application. Please sign the last page. Resumes and other materials may be attached.		
Position Desired:		
Date Available:	Employment Desired: Full-time	<input type="checkbox"/> Part-time <input type="checkbox"/> Temp <input type="checkbox"/>
Referred by:		
<b>PERSONAL INFORMATION</b>		
NAME (Last, First, Middle Initial)		
ADDRESS (Street - City - State - Zip Code)		
TELEPHONE (Home)	TELEPHONE (Message)	
Are you over 18 years of age?	Yes	No
Are you legally permitted to work in the United States? (Proof of U.S. Citizenship or immigration status will be required upon employment)	Yes	No
Do you have any relative(s) that work for Camden County? If YES, list name(s), relationships, and department:	Yes	No
Have you <u>ever</u> been convicted as an adult of a <u>felony</u> ? If YES, list complete conviction record - use additional sheets, if necessary. Please give full details, including dates, type of offense, location, etc.:	Yes	No
<b><i>A conviction will not automatically disqualify you for your consideration. We will consider the nature and gravity of the offense(s) in relation to the nature of job for which you are applying.</i></b>		

***Camden County is an Equal Employment Opportunity Employer***

**EMPLOYMENT HISTORY**

In the space below, list your complete record of employment for the past TEN years and any other relevant work/volunteer experience. Start with your present or most recent position and list each position in the order that you held them. If more space is needed, attach separate sheet(s) to this application.

<b>Employer</b>	Dates of Employment	
	Start Date	End Date
May we contact employer?      Yes    No		
If no, explain:		
Address		
Phone Number	Reason for Leaving	
Your Job Title	Supervisor's Name and Title	
Description of Duties		
<b>Employer</b>	Dates of Employment	
	Start Date	End Date
May we contact employer?      Yes    No		
If no, explain:		
Address		
Phone Number	Reason for Leaving	
Your Job Title	Supervisor's Name and Title	
Description of Duties		
<b>Employer</b>	Dates of Employment	
	Start Date	End Date
May we contact employer?      Yes    No		
If no, explain:		
Address		
Phone Number	Reason for Leaving	
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<b>Employer</b>	Dates of Employment	
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<b>Employer</b>	Dates of Employment	
	Start Date	End Date
May we contact employer?      Yes    No		
If no, explain:		
Address		
Phone Number	Reason for Leaving	
Your Job Title	Supervisor's Name and Title	
Description of Duties		

<b>EDUCATION AND TRAINING</b>			
Please complete all appropriate items.			
Type of School	Name and Location of School	Type of Degree Received and/or Credit Hours Earned	Major/Minor Fields of Study
High School		Did you graduate or obtain equivalency diploma (GED)? Yes          No	
Vocational Education			
College or University			
Graduate School			
Other Training (Explain)			

<b>PROFESSIONAL INFORMATION (if applicable)</b>	
Please list any professional, or technical certificates or licenses that you currently hold (include peace officer certification, motor vehicle operator license, CDL etc., if it is a requirement of the position for which you have applied).	
License or Certification Held:	Licensing State and/or Agency:
License or Certification Held:	Licensing State and/or Agency:
License or Certification Held:	Licensing State and/or Agency:
<b>ADDITIONAL QUALIFICATIONS</b>	
Please list any other knowledge, special technical or computer skills, and/or individual capabilities not previously listed that would especially prepare you for the position for which you have applied?	

<b>PERSONAL REFERENCES</b>		
Please list the names of three persons, who are not related to you and not previously listed as a current or former supervisor, that we may contact for a personal reference.		
Name	Telephone	Years Known

**CERTIFICATION OF APPLICANT AND AUTHORIZATION FOR RELEASE OF INFORMATION**

Please read the statements below *carefully*. Your signature indicates that you fully understand and agree to the provisions of each statement.

As part of our normal procedure in processing applications, a routine inquiry will be made concerning your background. Former employers, school record offices and personal, school and employment references may be contacted to verify and obtain information concerning your background, qualifications, school and work records. You may be asked to sign another form authorizing the release of school records or to supply grade transcripts. Information gathered about your background and qualifications will be used to help make a fair employment decision. This information will only be available to those participating in this decision or those who process employment applications. As part of this investigation, a check of criminal records will also be conducted.

I hereby authorize Camden County, its representatives, employees or agents to conduct all pre-employment inquiries and tests as described. I further authorize Camden County and its agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete any requisite authorization forms. I release Camden County, its agents and all providers' information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests and production of all documents necessary for Camden County to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services.

As an employer, this organization is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be made to a human resources representative.

I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that Camden County shall not be liable in any respect if my employment is so denied or terminated.

I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. I understand my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by the organization at any time for any reason. Any changes to this at-will employment agreement will not be valid unless in writing signed by me and a duly authorized representative of this employing organization.

All Camden County employees/prospective employees will be subject to a Criminal/MVR Background check and Drug Screening.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_