

(Do not include in this application form, any information regarding age, race, color, creed, religion, sex, or national origin.)

# COUNTY OF MIDDLESEX

## Application for Employment



### PERSONAL DATA (\*Please Print or Type\*)

|  |   |   |              |                     |
|--|---|---|--------------|---------------------|
| LAST NAME                                      | FIRST   | MI                                      | BIRTH DATE   | SOCIAL SECURITY NO. |
| NUMBER & STREET                                | CITY  | COUNTY                                  | STATE        | ZIP                 |
| <b>EMAIL ADDRESS</b>                           |   |   |              |                     |
| HOW LONG HAVE YOU RESIDED IN MIDDLESEX COUNTY? | DO YOU HAVE A LEGAL RIGHT TO WORK & REMAIN IN THE U.S.?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | IF PREVIOUSLY EMPLOYED HERE, WHAT DATE? | CELL PHONE # |                     |

### IN CASE OF EMERGENCY, NOTIFY

|      |         |            |             |
|------|---------|------------|-------------|
| NAME | ADDRESS | HOME PHONE | OTHER PHONE |
|------|---------|------------|-------------|

### POSITION(S) DESIRED

|                                     |   |  |                 |
|-------------------------------------|---|--|-----------------|
| (1) _____<br>(2) _____<br>(3) _____ | CHECK ONE:<br><input type="checkbox"/> FULL TIME<br><input type="checkbox"/> PART TIME<br><input type="checkbox"/> TEMPORARY<br><input type="checkbox"/> SUMMER | IF PART TIME, DAYS AVAILABLE<br><br>HOURS: | SALARY REQUIRED |
|-------------------------------------|---|--|-----------------|

### EQUIPMENT YOU CAN OPERATE

### SKILLS/LICENSES

|   |  |   |        |
|---|--|---|--------|
| <input type="checkbox"/> TYPEWRITER<br><input type="checkbox"/> CALCULATOR<br><input type="checkbox"/> ADDING MACH.<br><input type="checkbox"/> PHOTOCOPIER | <input type="checkbox"/> COMPUTER - PC<br><input type="checkbox"/> COMPUTER - MAINFRAME<br><input type="checkbox"/> DICTAPHONE<br><input type="checkbox"/> SWITCHBOARD | <input type="checkbox"/> STENO WPM:<br><input type="checkbox"/> TYPING WPM:<br><input type="checkbox"/> CDL<br><input type="checkbox"/> LPL (LOW PRESSURE LIC.) | OTHER: |
|---|--|---|--------|

### EMPLOYMENT RECORD (List last employer first)

|  |                                     |             |
|--|-------------------------------------|-------------|
| EMPLOYER'S NAME  | JOB TITLE                           | LAST SALARY |
| ADDRESS  | JOB DESCRIPTION                     |             |
| LENGTH OF EMPLOYMENT<br>FROM _____ TO _____  | SUPERVISOR'S NAME, TITLE, PHONE NO. |             |
| MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO |                                     |             |

|  |                                     |             |
|--|-------------------------------------|-------------|
| EMPLOYER'S NAME  | JOB TITLE                           | LAST SALARY |
| ADDRESS  | JOB DESCRIPTION                     |             |
| LENGTH OF EMPLOYMENT<br>FROM _____ TO _____  | SUPERVISOR'S NAME, TITLE, PHONE NO. |             |
| MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO |                                     |             |

|  |                                     |             |
|--|-------------------------------------|-------------|
| EMPLOYER'S NAME  | JOB TITLE                           | LAST SALARY |
| ADDRESS  | JOB DESCRIPTION                     |             |
| LENGTH OF EMPLOYMENT<br>FROM _____ TO _____  | SUPERVISOR'S NAME, TITLE, PHONE NO. |             |
| MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO |                                     |             |

|                                       |
|---------------------------------------|
| WHEN ARE YOU AVAILABLE TO BEGIN WORK? |
|---------------------------------------|

**Education**

| School     | Years completed<br>(please circle)  | Graduated?  | Major Field and/or Degree |
|------------|---|---|---------------------------|
| Elementary | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | XXXXXXXXXXXXXXXX          |
| High       | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |                           |
| College    | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |                           |
| Other      | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |                           |

**Languages** List any foreign languages you know and indicate your level of proficiency.

| Language | Speak<br>Some | Speak<br>Fluently | Read | Write |
|----------|---------------|-------------------|------|-------|
|          |               |                   |      |       |
|          |               |                   |      |       |
|          |               |                   |      |       |
|          |               |                   |      |       |

**Special skills & experience** State any special skills, experience, training, licenses, certifications or other factors that make you especially qualified for the position for which you are applying.

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|                         |                   |
|-------------------------|-------------------|
| MILITARY SERVICE BRANCH | RANK AT DISCHARGE |
|-------------------------|-------------------|

ARE YOU NOW OR HAVE EVER BEEN ENROLLED IN A STATE ADMINISTERED PENSION SYSTEM?  
 YES       NO

The County of Middlesex is an Equal Opportunity Employer. Anyone unable to complete this application form due to a disability may request a reasonable accommodation to do so. Such a request will not play any role in the decision to offer a position or hire any applicant. Hiring decisions are based on an applicant's ability to perform the essential functions of the job.

I understand that employment is contingent upon passing the initial physical examination and any job related additional examination which may be required hereafter. I also understand that the job I am applying for may be provisional, pending successful completion of the C.S.C. (Civil Service Commission) exam.

**I certify that all of the above information is true and complete. I understand that if I provide any false or materially incomplete information on this application or for any job related physical or mental examination, I may be terminated, if hired or be ineligible for hiring.**

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

**TO BE COMPLETED BY PERSONNEL OFFICE AND/OR HIRING DEPARTMENT**

REMARKS

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