



# Application for Employment

**IMPROVEMENT AUTHORITY**  
MIDDLESEX COUNTY • NJ

EQUAL OPPORTUNITY EMPLOYER  
(DO NOT INCLUDE IN THIS APPLICATION FORM ANY INFORMATION REGARDING AGE, RACE, COLOR, CREED, RELIGION, SEX OR NATIONAL ORIGIN.)

## PERSONAL DATA

LAST NAME		FIRST			MI
ADDRESS		CITY	COUNTY	STATE	ZIP CODE
HOME PHONE	CELL PHONE		IF PREVIOUSLY EMPLOYED BY MIDDLESEX COUNTY IMPROVEMENT AUTHORITY, WHAT DATE?		
EMAIL ADDRESS		DO YOU HAVE THE LEGAL RIGHT TO WORK & REMAIN IN THE US? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOW LONG HAVE YOU RESIDED IN MIDDLESEX COUNTY?	

## IN CASE OF EMERGENCY, NOTIFY

NAME	RELATIONSHIP	PHONE	OTHER PHONE
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## POSITION(S) DESIRED

(1) _____ (2) _____ (3) _____	CHECK ONE: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER	IF PART TIME, DAYS AVAILABLE:  HOURS:	SALARY REQUIREMENT
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## EMPLOYMENT HISTORY (LIST MOST RECENT EMPLOYER FIRST)

EMPLOYER	JOB TITLE		
ADDRESS	SUPERVISOR NAME, TITLE & CONTACT		
LENGTH OF EMPLOYMENT FROM _____ TO _____	JOB DESCRIPTION		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	LAST SALARY		

EMPLOYER	JOB TITLE		
ADDRESS	SUPERVISOR NAME, TITLE & CONTACT		
LENGTH OF EMPLOYMENT FROM _____ TO _____	JOB DESCRIPTION		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	LAST SALARY		

EMPLOYER	JOB TITLE		
ADDRESS	SUPERVISOR NAME, TITLE & CONTACT		
LENGTH OF EMPLOYMENT FROM _____ TO _____	JOB DESCRIPTION		
MAY WE CONTACT THIS EMPLOYER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	LAST SALARY

**EDUCATION**

HIGH SCHOOL _____	YEARS COMPLETED	GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	MAJOR / DEGREE
COLLEGE _____	YEARS COMPLETED	GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	MAJOR / DEGREE
OTHER _____	YEARS COMPLETED	GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	MAJOR / DEGREE

**LICENSES AND/OR CERTIFICATIONS**

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**LANGUAGES** (LIST ANY LANGUAGES YOU KNOW AND INDICATE YOUR LEVEL OF PROFICIENCY)

_____	<input type="checkbox"/> SPEAK SOME	<input type="checkbox"/> SPEAK FLUENTLY	<input type="checkbox"/> READ	<input type="checkbox"/> WRITE
_____	<input type="checkbox"/> SPEAK SOME	<input type="checkbox"/> SPEAK FLUENTLY	<input type="checkbox"/> READ	<input type="checkbox"/> WRITE
_____	<input type="checkbox"/> SPEAK SOME	<input type="checkbox"/> SPEAK FLUENTLY	<input type="checkbox"/> READ	<input type="checkbox"/> WRITE
_____	<input type="checkbox"/> SPEAK SOME	<input type="checkbox"/> SPEAK FLUENTLY	<input type="checkbox"/> READ	<input type="checkbox"/> WRITE

**SPECIAL SKILLS & EXPERIENCE** (STATE ANY SPECIAL SKILLS, EXPERIENCE, TRAINING 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	DATE OF DISCHARGE
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ARE YOU NOW OR HAVE YOU EVERY BEEN ENROLLED IN A STATE ADMINSTERED PENSION SYSTEM?

YES  NO



**IMPROVEMENT AUTHORITY**  
 MIDDLESEX COUNTY ♦ NJ

ARE YOU RELATED TO A MIDDLESEX COUNTY FREEHOLDER, COUNTY CLERK, SHERRIFF, SURROGATE, DEPARTMENT HEAD, DIVISION HEAD, BOARD MEMBER OF A COUNTY AUTHORITY OR AN EXECUTIVE DIRECTOR AS A:

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- |              |                          |     |                          |    |
|--------------|--------------------------|-----|--------------------------|----|
| SPOUSE       | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| CHILD        | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| PARENT       | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| STEP CHILD   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| IN-LAW       | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| SIBLING      | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| NEPHEW       | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| NEICE        | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| FIRST COUSIN | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

IF YES, COUNTY OFFICIAL(S) NAME AND TITLE:

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The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

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 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 OFFICE PERSONNEL AND/OR HIRING DEPARTMENT:**

REMARKS
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