

Application for Employment

PLEASE PRINT



Somerset County
Park Commission



SOMERSET COUNTY PARK COMMISSION

P.O. Box 5327 • North Branch, NJ 08876
Tel, 908.722.1200 Fax 908.722.6592
www.somersetcountyparks.org
TTY / TDD - Relay Service @711

Equal access to programs, services and employment is available to all persons. Applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Division.

Position(s) applied for:

Date of Application

Referral Source:

Advertisement

Employee

Relative

Government Employment Agency

Walk-In

Private Employment Agency

Other:

Name
Last First Middle

Address
Street City State Zip Code

Telephone# Email

If necessary, the best time to call you a.m. p.m.

May we contact you at work? Yes No

If yes, what is your work number and best time to call?..... a.m. p.m.

If you are under 18 and it is required, can you furnish a work permit? Yes No

If no, please explain

Have you submitted an application here before? Yes No

If yes, please give date(s)

Have you ever been employed here before? Yes No

If yes, please give date(s) From To

Are you legally eligible for employment in this country? Yes No

Date available for work

Type of employment desired?..... Full Time Part Time Seasonal Temporary Educational: Co-op / Intern

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

If no, please explain

Employment History

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (please use additional sheets if necessary). Explain any employment gaps in the comments sections below.

EMPLOYER	TELEPHONE	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITES
		From	To	
ADDREESS				
JOB TITLE		STARTING Hourly Rate/Salary		
IMMEDIATE SUPERVISOR'S NAME AND TITLE		\$	Per	
REASON FOR LEAVING		FINAL Hourly Rate/Salary		
MAY WE CONTACT FOR REFERENCE?	YES NO LATER	\$	Per	

EMPLOYER	TELEPHONE	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITES
		From	To	
ADDREESS				
JOB TITLE		STARTING Hourly Rate/Salary		
IMMEDIATE SUPERVISOR'S NAME AND TITLE		\$	Per	
REASON FOR LEAVING		FINAL Hourly Rate/Salary		
MAY WE CONTACT FOR REFERENCE?	YES NO LATER	\$	Per	

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REASON FOR LEAVING		FINAL Hourly Rate/Salary		
MAY WE CONTACT FOR REFERENCE?	YES NO LATER	\$	Per	

COMMENTS- Including explanation of any gaps in employment:

SKILLSANDQUALIFICATIONS - Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying:

Educational Background IF JOB RELATED

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major field of study. F. Minor field of study (if applicable).

A. SCHOOL	B. YEARS COMPLETED	C. DEGREE / DIPLOMA	D. GPA / CLASS RANK	E. MAJOR	F. MINOR

References

List names and telephone numbers of three (3) business/work references who are **NOT** related to you and who are **NOT** previous supervisors. If not applicable, list three (3) school or personal references who are **NOT** related to you.

NAME	TELEPHONE NUMBER	YEARS KNOWN

Additional Information

List professional, trade, business, or civic associations and any offices held. Exclude memberships that would reveal sex, race, religion, national origin, age, color, disability or any other similarly protected status.

ORGANIZATION	OFFICE(S) HELD

List special accomplishments, publications, awards, etc. Exclude information that would reveal sex, race, religion, national origin, age, color, disability or any other similarly protected status.

List any additional information you would like us to consider.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application of immediate discharge from the Somerset County Park Commission, whenever it is discovered.

I give the Somerset County Park Commission the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the Somerset County Park Commission and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The Somerset County Park Commission does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the Somerset County Park Commission has the authority to make any assurances to the contrary.

I understand that a condition of full-time employment is that I become a member of the Public Employees' Retirement System of New Jersey and that I may have to submit to a physical examination. I also understand and agree that if my employment is for either a seasonal, temporary or part-time position, that there are certain employee benefits for which I am not eligible. By way of example, the benefits not provided include, but are not limited to, vacation, sick leave, health benefits, and participation in grievance procedures.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization and, if job related, provide a valid driver's license.



I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant

Date

To apply, save completed application and send as an attachment via email to mvasquez@scparks.org.