

County of Bergen Application for Employment

Department of Administration and Finance Division of Personnel One Bergen County Plaza · Room 321 Hackensack, New Jersey 07601-7076

The County of Bergen is an Equal Opportunity Employer and will not discriminate against an applicant or employe on the basis of race, color, religion, creed, national origin or ancestry, sex, age, physical or mental disability, veteran status, genetic information, or any other protected basis under federal, state, or local law.

APPLICANT INFORMATION						
Full Name			Social Security Number			
Address	City		State		Zip Code	
Phone Number	E-mail				<u> </u>	
Person to Notify in Case of Accident or Emergency						
Name Ada			Phone Number		Relationship to You	
POSITION INFORMATION						
Position of Interest		Type of Employ	Type of Employment Check all that apply.			
			☐ Full Time ☐ Per Diem ☐ Seasonal <u>or</u> Intern/Volunteer			
Can you work any assigned shift?		Are you availabl	you available weekends? Are you		ou available holidays?	
□ Yes □ No		□ Yes □ No	es 🗆 No			
Earliest Available Start Date						
GENERAL INFORMATION Can you provide proof of citizenship or authorization to work in the U.S. upon employment?						
☐ Yes ☐ No Are you at least 18 years of age?						
☐ Yes ☐ No Were you ever employed by the County of Bergen?			If yes, please provide date(s).			
□ Yes □ No						
Have you ever applied to the County of Bergen before?			If yes, please provide date(s).			
□ Yes □ No						
Are you related to anyone currently working for the County of Be			If yes, indicate name and relationship.			
□ Yes □ No						
Have you used any other name(s) different from the name listed above?			If yes, provide name(s).			
☐ Yes ☐ No How were you referred to the County of Bergen? Check all that apply and specify where appropriate.						
Tion were your clotted to the county of B	orgon. Oncok un	. επαι αρριγ απά δρ	осду штоге арргорі	iaio.		
☐ County of Bergen Website ☐ Advertisement		nployee(s) cial Media		J Civil Service Co ther		

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REQUIREMENTS You are only required to answer questions on this page relevant to the requirements stated in the job specification and/or job posting for which you are applying. If a question is not applicable, you may write N/A. **EDUCATION** List all high school, vocational training schools, colleges, universities, or graduate schools which you have attended. Dates Attended Graduate Major Area of Study Degree or License From: ☐ Yes \square No To: From: \square Yes \square No To: From: \square Yes \square No To: From: \square Yes \square No To: LICENSES / CERTIFICATIONS Relevant to the position for which you are applying. Name of License **Issuing Authority** License Number Date Issued **Expiration Date** (State/Other Authority) DRIVER'S LICENSE Relevant to the position for which you are applying. Do you have a valid NJ Driver's License? NJ Driver's License Number Do you have a valid NJ Commercial Driver's License (CDL)? Class Endorsements \square Yes \square No If your driver's license has ever been suspended, list the suspension date(s).

FOREIGN LANGUAGE ABILITY (OPTIONAL)

If there are any foreign languages, including sign languages, in which you are proficient enough to communicate on the job, and are willing to use on the job (now and in the future), please list them.

EMPLOYMENT EXPERIENCE Starting with you present or most recent employer, list all full-time and part-time employment history for the past ten years. Any misstatement, falsification, or omission of information shall be grounds for refusal to hire or if hired, termination. Please note that a resume will be required to be submitted alongside this application.						
Employer Name	Phone / Address	Length of Employment	Job Dut	ies Su	pervisor	Reason for Leaving
1.		From:				
		То:				
2.		From:				
		То:				
3.		From:				
		To:				
4.		From:				
-		To:				
5.		From:				
		То:				
MILITARY EXPERIENC	Е					
Are you a veteran?	Branch of	Service	Rank		Specialty	
☐ Yes ☐ No						
Duties / Special Training	\$					
Are you a surviving spouse or parent of a veteran? (Civil Service Veterans Preference may apply)						
☐ Yes ☐ No						
REFERENCES Provide the names of the and/or abilities.	ree people (not relatives) that have known you for	at least one year	, who can attest to y	our charactei	r, job skills, knowledge,
Name	Phone Num	ber Occup	pation	Relationship to Y	ou	Years Known
1.						
2.						
3.						
TROAL MOMONY						
criminal history during to so. Unless you are apply by a representative of the second	the initial employment a lying for a position in la the County, please DO thic Safety Telecommu victed of or pled guilty to		ot for certain positions, or emergent ving section at the to disclose ALL A If your answer i	tions where the law p cy management, or is time. Additional RRESTS, CONVICT	permits or rec are specifica ly, applicants ONS, AND E nd nature of o	quires the County to do ally advised otherwise is for law enforcement XPUNGEMENTS. each offense, the name
in New Jersey or elsewh ☐ Yes ☐ No	,		and fooddon of	and down, and the the	,poordon or ti	10 0000.
All applicants, please no application process, the applicants who are cond from consideration for the	County will require that ditionally offered employ the position, rather, the O	red to disclose your crimi at you do so at that time. yment. Except in limited of County will consider: (1) t d/or completion of the ser	Additionally, the circumstances, a the nature and gra	County will conduct conviction will not a wity of the offense; (2	a criminal ba utomatically 2) the nature o	ackground check on all disqualify an applicant of the job being sought;

DRUG & ALCOHOL POLICY

The County of Bergen is a Drug-Free Workplace. The County requires all offers of employment extended to applicants whose job duties require that they hold a Commercial Driver's License (CDL), performing safety sensitive functions as defined by the Federal Highway Administration and Federal Transit Administration, Department of Transportation (DOT) regulations, are conditioned on the applicant's ability to pass a DOT mandated preemployment physical examination, which includes a drug screen. This applies to transfer employees, former employees returning to County service, including via appeals or re-employment lists, and temporary employees whose job duties require a CDL. This also applies to any employee driving a County vehicle or in a safety sensitive position as defined by the County. The County also requires all prospective employees to pass the County's pre-employment drug screen, including a urinalysis and drug screen. Failure of any prospective employee to pass pre-employment screening will result in withdrawal of a conditional offer of employment. Refusal to sign the appropriate release and consent forms for testing or failure to provide a valid specimen for testing will be regarded as a failed test, thereby rendering the applicant disqualified from employment. If an applicant has any questions regarding this Policy, additional information may be requested from the County of Bergen Division of Personnel.

UNDERSTANDING AND ACCEPTANCE

I certify that all the information provided by me in connection with this application is true and complete to the best of my knowledge. In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge. I understand that as a condition of employment, I will be required to pass the County's pre-employment physical, drug and background check, and any future physical examinations or drug or background checks required by the County. I hereby authorize the County to contact my former employers, and/or other reference sources, as part of the evaluation of my application for employment, and I hereby release such reference sources from any liability for the consequences of any information they may release to the County. I understand that this application is not and is not intended to be a contract of employment. I also agree, upon termination of employment, to return any County property issued to me, or to allow reasonable value of same to be deducted from my wages or to pay the replacement cost of same to the County before my final check will be released to me.

Signature of Applicant	Date of Application

Equal Employment Opportunity Voluntary Employee Demographic Information

The Federal Equal Employment Opportunity Commission requires organizations with 100 or more employees to complete an EEO-4 report each year. The County of Bergen invites you to self-identify gender and race/ethnicity. Completion of this form is **VOLUNTARY** and will not affect your opportunity for employment, or terms or conditions of employment. This form will be used for EEO-1 reporting purposes and will be kept separate from all other personnel records only accessed by the Division of Personnel and Affirmative Action Office.

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Name			
Position Applied For			
How did you learn about this position?			
What is your gender?			
□ Male			
☐ Female			
☐ Undesignated or Non-Binary ☐ Prefer Not to Answer			
What is your race/ethnicity? Please mark the box that describes the race/ethnicity category with which you primarily self-identify. If you identify as			
two or more race/ethnicity categories, please select all that apply.			
\square White (not Hispanic or Latino) A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.			
\square Black or African American (not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.			
$\label{eq:control} \square \ \text{Hispanic or Latino} - \textit{A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.}$			
\square American Indian or Alaska Native (not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.			
\square Asian (not Hispanic or Latino) – A person having origins in any of the original peoples of the far East, Southeast Asian, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.			
\square Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.			
\square Two or More Races (not Hispanic or Latino) – All persons who identify with more than one of the above five races.			
☐ Prefer Not to Answer			
Signature	Date Completed		

Thank you for your participation.