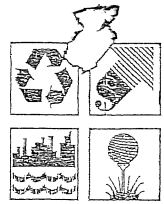


EQUAL OPPORTUNITY EMPLOYER

Middlesex County Improvement Authority



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

Application for Employment

PERSONAL DATA (*Please Print or Type*)

LAST NAME		FIRST	MI	BIRTH DATE		SOCIAL SECURITY NO.	
NUMBER & STREET			CITY	COUNTY	STATE	ZIP	HOME PHONE #
EMAIL ADDRESS							
HOW LONG HAVE YOU RESIDED IN MIDDLESEX COUNTY?		DO YOU HAVE A LEGAL RIGHT TO WORK & REMAIN IN THE U.S.? <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
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POSITION(S) DESIRED

(1) _____	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	SALARY REQUIRED
(2) _____		HOURS:	
(3) _____			

EQUIPMENT YOU CAN OPERATE

SKILLS/LICENSES

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

EMPLOYMENT RECORD (List last employer first)

EMPLOYER'S NAME	JOB TITLE	LAST SALARY
ADDRESS	JOB DESCRIPTION	
LENGTH OF EMPLOYMENT 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 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 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 (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 Some	Speak 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.

MILITARY SERVICE BRANCH		RANK AT DISCHARGE
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ARE YOU NOW OR HAVE EVER BEEN ENROLLED IN A STATE ADMINISTERED PENSION SYSTEM?
 YES NO

Are you related to a Middlesex County Freeholder, County Clerk, Sheriff, Surrogate, Department Head, Division Head, Board Member of a County Authority or an Executive Director as a:		
Spouse	___ Yes	___ No
Child	___ Yes	___ No
Parent	___ Yes	___ No
Step Child	___ Yes	___ No
In-Law	___ Yes	___ No
Sibling	___ Yes	___ No
Nephew	___ Yes	___ No
Niece	___ Yes	___ No
First Cousin	___ Yes	___ No
If yes, County Official(s) Name and Title:		

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 PERSONNEL OFFICE AND/OR HIRING DEPARTMENT

REMARKS
