



Computer Skills \_\_\_\_\_

Equipment you can operate

Trucks / Dump Truck \_\_\_\_\_ Yes \_\_\_\_\_ No Back hoes \_\_\_\_\_ Yes \_\_\_\_\_ No

Other \_\_\_\_\_

**WORK REQUIREMENTS**

A. Minimum Salary \_\_\_\_\_ hourly / weekly / monthly / yearly

B. Do you have transportation to and from work? \_\_\_\_\_ yes \_\_\_\_\_ no

C. What hours are you available for work? From \_\_\_\_\_ to \_\_\_\_\_

D. If necessary, will you work overtime? \_\_\_\_\_ yes \_\_\_\_\_ no

E. If necessary, will you work shifts? \_\_\_\_\_ yes \_\_\_\_\_ no

F. Have you ever been denied bonding? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, give details \_\_\_\_\_

\_\_\_\_\_

G. Have you ever been convicted of or pled guilty or no contest to any crime other than a minor traffic violation?

\_\_\_\_\_

\_\_\_\_\_

Conviction of a crime will not be an absolute bar to employment

**EMPLOYMENT HISTORY**

A. Are you presently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

B. Have you ever been discharged or forced to resign from any position? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. Read **carefully** before completing the remainder of this section. It is important that this section be completed in detail if Your experience is to be fairly evaluated.

1. Give specific information about the nature and responsibilities of each position you have held. Use a separate block for each position, even if it is with the same employer.

2. List all employment including military service, parttime, and self-employment. Include all periods of unemployment except those during which you were a full time student at an academic or technical institution.

3. A resume may not be substituted for this section. However, a resume may be attached upon full completion of this application.

4. Start with most recent position and work back to first position you held.
5. If space is too limited for listing all your employment record, you may use additional sheet of paper following the same format used below. Sign your name and attach to this application.

**1. Current or Most Recent Position**

Position Title \_\_\_\_\_

Employer's Name & Address \_\_\_\_\_

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May we contact: \_\_\_\_\_ Yes \_\_\_\_\_ No Supervisor's Name \_\_\_\_\_

Dates employed in this position: From \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
Mo. Yr. Mo. Yr.

Name on employment records if different from present name: \_\_\_\_\_

Description of specific duties: \_\_\_\_\_

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Reason for leaving \_\_\_\_\_

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**2. Next Most Recent Position**

Position Title \_\_\_\_\_

Employer's Name & Address \_\_\_\_\_

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May we contact: \_\_\_\_\_ Yes \_\_\_\_\_ No Supervisor's Name \_\_\_\_\_

Dates employed in this position: From \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
Mo. Yr. Mo. Yr.

Name on employment records if different from present name: \_\_\_\_\_

Description of specific duties: \_\_\_\_\_

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Reason for leaving \_\_\_\_\_

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3. **Next Most Recent Position**

Position Title \_\_\_\_\_

Employer's Name & Address \_\_\_\_\_

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May we contact: \_\_\_\_\_ Yes \_\_\_\_\_ No Supervisor's Name \_\_\_\_\_

Dates employed in this position: From \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
Mo. Yr. Mo. Yr.

Name on employment records if different from present name: \_\_\_\_\_

Description of specific duties: \_\_\_\_\_

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Reason for leaving \_\_\_\_\_

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**ADDITIONAL COMMENTS:** Use this space to add comments or information which would help us to evaluate your application. Include any volunteer experience related to the positions (2) for which you are applying.

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**REFERENCES:** List three (3) references. Do not include current or past employers, relatives or past / present employees of the County of Marlboro. Provide full name, address, and phone number.

NAME

ADDRESS

PHONE NUMBER

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**Please read the following statements carefully and sign**

The County of Marlboro is an Equal Opportunity Employer and as such will recruit and hire employees without regard to race, religion, color, political affiliation, physical disability, national origin, sex or age except when physical condition is a bonafide occupational qualification.

This application must be filled out in detail. Failure to complete all sections, or to sign this form may result in its being returned for completion, causing delay or possible disqualification.

This application will remain active to six (6) months from the date submitted.

I understand and agree that acceptance of this application in no way obligates the County of Marlboro to employ me or that there are any positions available.

As an applicant for employment with the County of Marlboro, I have furnished information for use in determining my qualifications for employment. I hereby authorize the County of Marlboro to conduct a thorough background investigation to further support the statements contained herein.

I hereby release the County of Marlboro, current and past employers and references named herein, from liability or damage resulting from providing information requested.

If I request herein that my present employer not be contacted, an offer of employment will be conditioned upon acceptable information and verification from such employer prior to beginning work.

I understand, if and after a job offer is made I must submit to a physical examination (County paid) and to answer truthfully such questions as the County may deem necessary.

I understand and agree that if employed, I shall have the right to terminate my employment at any time, with or without notice and with or without cause and the County shall have the same right.

If employed, I agree to abide by all present and subsequently issued personnel policies and rules of the County.

I hereby affirm that all statements made herein are true and correct to the best of my knowledge and understand that any misrepresentation may result in my being disqualified from further consideration or being terminated should I already be employed by the County of Marlboro. My signature conveys that I have read, understand and agree to all statements listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_