

Mail Application to:



Ocean County Library
Office of Human Resources
101 Washington Street
Toms River, NJ 08753-7625

Name: _____
Announcement no. _____

Ocean County Library System Employment Application

Please print legibly, complete all items, and sign this application

1. Name _____
(Last) (First) (Middle)

2. Address _____
(Number & Street)

(City) (County) (State) (Zip Code)

3. Telephone: Home: _____ Work: _____ Cell: _____

4. E-mail _____ 5. Last 4 digits of Social Security No. _____

6. Title of position applied for _____ 7. Desired salary (optional) _____

8. Announcement no. _____ 9. Closing date (if applicable) _____

10. Are you 18 years old or older? Yes No
(If under 18 and offered employment, you will be required to submit working papers.)

11. Are you eligible for employment in the U.S.? Yes No

12. Do you possess a driver's license that is valid in New Jersey? Yes No

13. Have you ever worked or been educated under a different name? Yes No
a. If Yes, list name(s): _____

14. Have you ever worked for Ocean County before? Yes No
a. If Yes, specify: _____

This space for office use only:
Qualified: _____ Comment
Eligible: _____ Comment
Reviewed by: _____ Date: _____

Name: _____

Announcement no. _____

15. Have you ever been convicted of a crime or offense, which has not been expunged by the Court?

Yes No

a. If Yes, give details of each conviction and disposition in the space below. A conviction will not necessarily preclude you from employment unless such conviction(s) relates adversely to the employment sought. Please note, some positions, as a condition of employment, require a Request for Criminal History Record.

16. High School, GED, College, and Graduate Schools

List any high school or equivalent, colleges, universities, and graduate schools that you have attended.

Name and Location	Credit Hours Completed	Major area of Study	Type of Degree	Did You Graduate?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

17. Other Schools or Training Schools

Include Business, vocational, technical, and other schools you have attended that are related to the position for which you are applying. If it is not a full curriculum, be specific as to the number of hours.

Name and Address (or GED equivalent)	Subjects or Courses	Was Course Completed?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

18. Other Information

Use this space to describe any licenses, certificates, registrations, skills, and or crafts, including machines and or equipment operated which relates to the position for which you are applying.

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19. List the Last Five Years of Employment History

Start with your most recent employment and work backwards, including U.S. Military and volunteer experience. Please complete in full even though you may attach a resume. (Use additional sheets as necessary)

a. Current or most recent position and or title:	From: Mo./Yr.	To: Mo./Yr.	Salary or Wage: Starting: Ending: _____ Hours per week
Employer's name, address, and telephone number:	Supervisor's name: _____		
	Reason for leaving: _____ _____ _____		
Description of Duties: _____ _____ _____ _____			

b. Previous position and or title:	From: Mo./Yr.	To: Mo./Yr.	Salary or Wage: Starting: Ending: _____ Hours per week
Employer's name, address, and telephone number:	Supervisor's name: _____		
	Reason for leaving: _____ _____ _____		
Description of Duties: _____ _____ _____ _____			

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c. Previous position and or title:	From: _____ Mo./Yr. To: _____ Mo./Yr. Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	Salary or Wage: Starting _____ Ending: _____ Hours per week
Employer's name, address, and telephone number:	Supervisor's name: _____	
	Reason for leaving: _____ _____ _____	
Description of Duties: _____ _____ _____ _____ _____		

d. Previous position and or title:	From: _____ Mo./Yr. To: _____ Mo./Yr. Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	Salary or Wage: Starting _____ Ending: _____ Hours per week
Employer's name, address, and telephone number:	Supervisor's name: _____	
	Reason for leaving: _____ _____ _____	
Description of Duties: _____ _____ _____ _____ _____		

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20. Do you have any objection to our contacting any of your listed employers regarding your employment? Yes No

a. If Yes, specify: _____

21. Are you engaged in other business or employment which you desire to continue if employed by the Ocean County Library? Yes No

a. If Yes, specify: _____

22. Do you or does a member of your immediate family own or have an interest in any organization that deals with, is regulated by, or is otherwise affected by the operations of any department of the Ocean County Library? Yes No

a. If Yes, specify: _____

23. Do you have any relatives or live with anyone in a family relationship who works for the Ocean County Library? Yes No

a. If Yes, specify: _____

24. List three references who can attest to your qualifications or suitability for this position that we may contact for information.

Name and Address	Phone Number	Occupation

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Schedule and location availability

Employment at Ocean County Library requires flexibility with regard to schedules and locations.

25. Is there any library location within Ocean County where you *cannot* work? Yes No

a. Specify _____

26. What days are you *not* available to work? _____

27. Can you work evenings until 9:00 p.m.? Yes No

a. If No, specify _____

28. Can you work Saturdays and Sundays? Yes No

a. If No, specify _____

29. Are you available to work part-time? Yes No

30. Are you available to accept temporary employment? Yes No

31. Applicant date and sign:

I certify that all answers given by me are true, accurate, and complete. I understand that the falsification, misrepresentation, or omission of fact on the application (or any accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

I acknowledge that I have read and understand the above statement and hereby grant permission to confirm the information supplied on this application.

Signature _____

Date _____