

Please print the attached application,
fill it out completely and then mail to:

Amber Weinerth, Management Assistant
Pinch Brook Golf Course
234 Ridgedale Avenue
Florham Park, NJ 07932

Thank you.



The Morris County Park Commission
P.O. Box 1295
Morristown, New Jersey 07960-1295

Application for Employment

The Morris County Park Commission
 Is and Equal Opportunity Employer

(Do not include any information regarding race, color, creed, religion, sex, national origin, or handicap).

Date: _____

Complete entire application legibly. (A resume may supplement but not substitute for this application).

NAME:			SOCIAL SECURITY NO.
First	Middle	Last	
HOME ADDRESS:		TELEPHONE NO.	
Number & Street	City	State County Zip Code	Area Code
Have you ever been convicted of a crime other than a minor traffic violation? Yes ___ No ___ If yes, please explain: (Conviction of a crime may not necessarily preclude you from obtaining a position).			
Are you under 18 years of age? Yes ___ No ___	Names of friends or relatives employed by the Park Commission and their relationship to you:		
How long have you resided in Morris County?	Are you legally employable? Yes ___ No ___	Dates (if) you were employed her before:	
In Case of Emergency Notify:			
Name:	Address	Telephone No.	
Position Desired: Full Time ___ Part Time ___	Days & Hours if Part Time M T W T F S S ___/___ to ___/___		
How did you hear about this position? Expected	Salary	Date Available	

EDUCATION

Circle Highest Year Attended	Name and Location of School	Major Course of Study	Were you Graduated? Degree Received
Grammar School 5 6 7 8			
High School 1 2 3 4			
College 1 2 3 4			
Other Schools or Apprenticeships or Certifications			

U.S.MILITARY SERVICE

Branch of Service	Rank	Specialty	Special Skills or Training received:
Hobbies & Interests:	Current Part Time or Personal Business:		Are you now or have you ever been enrolled in a State administered pension system? Yes ___ No ___

MOST RECENT LAST EMPLOYER**EMPLOYMENT RECORD**

Name of Company		Type of Business	
Address			
Street and Number	City	State	Zip Code
		Telephone No.	
Title of Job:	Employed From	to	Starting Rate
		Present or Last Rate	
Description of Work:			
Name of Supervisor:		Supervisor's Title:	
Reason for Leaving		May we Consult this employer? Yes _____ NO _____	

PREVIOUS EMPLOYER(S) (List in similar order)

Name of Company		Type of Business	
Address			
Street and Number	City	State	Zip Code
		Telephone No.	
Title of Job:	Employed From	to	Starting Rate
		Present or Last Rate	
Description of Work:			
Name of Supervisor:		Supervisor's Title:	
Reason for Leaving		May we Consult this employer? Yes _____ NO _____	

Name of Company		Type of Business	
Address			
Street and Number	City	State	Zip Code
		Telephone No.	
Title of Job:	Employed From	to	Starting Rate
		Present or Last Rate	
Description of Work:			
Name of Supervisor:		Supervisor's Title:	
Reason for Leaving		May we Consult this employer? Yes _____ NO _____	

Name of Company		Type of Business	
Address			
Street and Number	City	State	Zip Code
		Telephone No.	
Title of Job:	Employed From	to	Starting Rate
		Present or Last Rate	
Description of Work:			
Name of Supervisor:		Supervisor's Title:	
Reason for Leaving		May we Consult this employer? Yes _____ NO _____	

Other work experiences and skills not listed above:

REFERENCES

DO NOT GIVE RELATIVES OR FORMER EMPLOYERS AS REFERENCES				
Name	Address	Telephone number	Occupation	Know For How Long
Name	Address	Telephone number	Occupation	Know For How Long
Name	Address	Telephone number	Occupation	Know For How Long

APPLICANT STATEMENT

I understand that the employer follows and “employment at will” policy, in that I or the employer may terminate my employment at any time, for any reason with or without prior notice or warning, consistent with applicable state or federal law. This “employment at will” policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the Executive Director of The Morris County Park Commission. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit Satisfactory proof of employment authorization and identity: failure to submit such proof will result in denial of employment.

I understand this application will remain active for a period of one year, if I wish to continue to be considered for employment after one year, I must submit a new application.

I hereby authorize and understand that the employer will thoroughly investigate my work and personal history and verify all Data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release the Park Commission and/or those individuals, who provide information from all liability what so ever for providing this information, including defamation, invasion of privacy, or any similar cause against anyone contacted as a result of what he/she may say about me.

Additionally I voluntarily authorize the Park Police of the County of Morris to obtain my fingerprints in order to perform Employment background investigation of possible criminal convictions. Conviction of a crime may not be an automatic disqualification of employment eligibility. Information obtained during a criminal conviction background check shall remain confidential and shall only be used in accordance with Morris County Park Commission Policy.

I hereby further agree to undergo a physical examination by a physician selected by the County of Morris at any time before or during employment by the Morris County Park Commission and hereby authorized the examining physician to render to the Morris County Park Commission complete reports of such examination. (You will only be sent for a physical examination after a job offer has been made, or at such time as may be required during your employment). Pre-employment medical examination will include controlled substance abuse screening test.

I certify that all the statements herein are true and understand that any falsification or willful omission of facts called for in this application shall be sufficient cause for cancellation of this application and/or termination of employment if I have been Employed.

I agree to abide by all rules and regulations set forth by the Morris County Park Commission and the County of Morris.

Date

Signature of Applicant

If application is completed by someone other than applicant, the following must be signed:

I hereby attest that all statements on the application are true and that the applicant has complete knowledge and Understanding for all the information of the form.

Date

Signed
Address_____

DO NOT WRITE BELOW THIS LINE

CHECK LIST

	Received Completed Application		
	Interview Conducted		
	Employer verification (3) submitted and mailed		
	Completed Reference Waiver Obtained		
	Personnel confirmation of receipt of employer verification		
	Park Police approval of background investigation		
	Successfully passed post offer pre-employment physical		
	Successfully passed post offer pre-employment spinal assessment		
Interviewed By		Comments	
Date			
Interviewed By		Comments	
Date			
Division/Location		Title	Starting Date
Bi Weekly Hours		Work Week S S M T W T F	SALARY
Bargaining Unit	_____	Confidential Local 1 IBT Local 469	EEO Code (after employment) C B S A O M F