



**The Morris County Park Commission  
PO Box 1295  
Morristown, NJ 07962-1295**

**Application for  
Employment**

The Morris County Park Commission Is an  
Equal Opportunity Employer.

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

*COMPLETE ENTIRE APPLICATION. ALL FIELDS ARE REQUIRED UNLESS OTHERWISE NOTED.*

**Position Applying for:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:**

\_\_\_\_\_

**First**

**Middle**

**Last**

**Home Address:**

\_\_\_\_\_

**Number & Street**

\_\_\_\_\_

**City**

**County**

**State**

**Zip**

On September 1, 2011, the "New Jersey First Act", P.L. 2011, 270 (N.J.S.A. 52:14-7) became effective. Under this residency law, all employees of the State and local government must reside in the State of New Jersey from the date of hire until separation.

**Primary Contact Phone Number**

**Primary Contact Email**

\_\_\_\_\_

**Emergency Contact:**

\_\_\_\_\_

**Name**

**Phone Number**

**Are you over 18 years of age?**

**Do you reside in Morris County?**

**Are you legally employable?**

**Yes**

**No**

**Yes**

**No**

**Yes**

**No**

**Have you been employed here before?**

**Yes**

**No**

**Dates: From** \_\_\_\_\_ **/** \_\_\_\_\_ **to** \_\_\_\_\_ **/** \_\_\_\_\_

Position Desired: Full Time      Salary Expected: \_\_\_\_\_      Date Available: \_\_\_\_\_  
 Part Time

How did you hear about the position? \_\_\_\_\_

Are you now or have you ever been enrolled in a State administered pension system? Yes      No

### EDUCATION

If information is not available, please write "N/A"

Highest Year Attended	Name & Location of School	Major Course of Study & Degree Earned	Were you graduated?
Grammar School			
5    6    7    8			
High School			
0    1    2    3    4			
College			
0    1    2    3    4			
Trade School, Tech School College, Apprenticeship, Other			

### MILITARY SERVICE

Branch of Service                                      Rank                                      Specialty

\_\_\_\_\_

### SPECIAL SKILLS

Special Skills or Training Received:

\_\_\_\_\_

Hobbies & Interests: \_\_\_\_\_

What languages do you:

Speak: \_\_\_\_\_ Write: \_\_\_\_\_ Read: \_\_\_\_\_

Current Part Time or Personal Business: \_\_\_\_\_

## EMPLOYMENT RECORD

*A resume & cover letter may supplement, but not substitute for this information.*

### **Most Recent Employer**

Name of Company	Type of Business		
<hr/>			
Address Street & Number	City	State	Zip Code
<hr/>			
Title of Job	Employed From	Employed To	
<hr/>			
Description of Work	<hr/>		
Supervisor's Name & Title	<hr/>		
Reason for Leaving	<hr/>		
May we contact this employer?	Yes	No	

### **Previous Employer(s) – List in similar order**

Name of Company	Type of Business		
<hr/>			
Address Street & Number	City	State	Zip Code
<hr/>			
Title of Job	Employed From	Employed To	
<hr/>			
Description of Work	<hr/>		
Supervisor's Name & Title	<hr/>		
Reason for Leaving	<hr/>		
May we contact this employer?	Yes	No	

Name of Company

Type of Business

Address

Street & Number

City

State

Zip Code

Title of Job

Employed  
From

Employed  
To

Description of Work

Supervisor's Name & Title

Reason for Leaving

May we contact this employer? Yes No

Name of Company

Type of Business

Address

Street & Number

City

State

Zip Code

Title of Job

Employed  
From

Employed  
To

Description of Work

Supervisor's Name & Title

Reason for Leaving

May we contact this employer? Yes No

### REFERENCES

Do not give Relatives or Former Employers as References.

Full Name

Street

City

State

Zip

Telephone

Occupation

Known For How Long

Full Name

Street

City

State

Zip

Telephone

Occupation

Known For How Long

Full Name

Street

City

State

Zip

Telephone

Occupation

Known For How Long

## Applicant Statement

I understand that the employer follows an "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 Morris County Park Commission and/or those individuals, who provide information, from all liability whatsoever 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 Morris County Park Commission 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 background check shall remain confidential and shall only be used in accordance with the Morris County Park Commission Policy.

I hereby further agree to undergo a physical examination by a physician selected by the Morris County Park Commission at any time before or during employment by the Morris County Park Commission and hereby authorize 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 job offer has been made, or at such time as may be required during your employment). The pre-employment medical examination will include a controlled substance abuse screening test.

I certify that all 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.

By checking this box you have agreed that your electronically typed signature is as legally binding as your hand written signature

\_\_\_\_\_  
Date

/s/ \_\_\_\_\_  
Signature of Applicant

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

I hereby attest that all statements on this application are true and that the applicant has complete knowledge and understanding of all the information on the application.

\_\_\_\_\_  
Date

/s/ \_\_\_\_\_  
Signature & Printed Name

# APPLICANT

DO NOT WRITE BELOW THIS LINE

## CHECK LIST

	Received completed application		
	Interview conducted; Prior Conviction Form		
	Employer Verification (3) submitted and mailed		
	Completed Reference Waiver obtained		
	Human Resources confirmation of receipt of Employer Verification		
	Verification of background investigation		
	Successfully passed post offer pre-employment physical		
Interviewed By:		Comments:	
Date:			
Director Approval:		Comments:	
Date:			
Director of Personnel or Designee:		Comments:	
Date:			
<b><i>CANDIDATES CANNOT START EMPLOYMENT WITHOUT DIRECTOR OF PERSONNEL OR DESIGNEE REVIEW &amp; APPROVAL.</i></b>			
Division/Location:		Title:	Starting Date:
Bi Weekly Hours:		Work Week: S S M T W T F	Salary:
Bargaining Unit	Confidential Local 32 OPEIU IBT Local 469	EEO Code (after employment) C B H A/PI AI/AN M F	