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 and does not discriminate with regard to race, color, religion, national origin, ancestry, age, gender, sexual orientation, or any protected classes.

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 eligible to work in the United States?**

Yes ◯ **No** ◯ **Yes** ◯ **No** ◯ **Yes** ◯ **No** ◯

Have you been employed by the Morris County Park Commission before?

Yes ◯ **No** ◯ **Dates: From** _____/_____ **to** _____/_____

Position Desired: Full Time ◯ Part Time ◯ Salary Expected: _____ Date Available: _____

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: _____

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**

Address
Street & Number **City** **State** **Zip Code**

Title of Job **Employed From** **Employed To**

Description of Work _____

Supervisor's Name & Title _____

Reason for Leaving _____

Were you terminated or asked to resign? **Yes** ◯ **No** ◯

Previous Employer(s) – List in similar order

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 _____

Were you terminated or asked to resign? **Yes** ◯ **No** ◯

Previous Employer(s) – Continued

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 _____

Were you terminated or asked to resign? **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 _____

Were you terminated or asked to resign? **Yes** ◯ **No** ◯

Are you able to perform the essential functions of the job as outlined in the job description for which you are applying, with or without reasonable accommodations? **Yes** ◯ **No** ◯

Incomplete information may disqualify you from further consideration.

Applications must be received in acceptable formats (.doc, .docx, .pdf, mailed originals or faxed).

Please be advised files sent as .jpg format will not be accepted.

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 60 days. If I wish to continue to be considered for employment after 60 days, I must submit a new application.

I hereby authorize and understand that they 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, 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**

_____ /s/_____

Date 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.

_____ /s/_____

Date Signature & Printed Name

APPLICANT

DO NOT WRITE BELOW THIS LINE

CHECK LIST

☐	**Received completed application**
☐	**Interview conducted**
☐	**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: **Date:**	**Comments:**
Director Approval: **Date:**	**Comments:**
Director of Personnel or Designee: **Date:**	**Comments:**

CANDIDATES CANNOT START EMPLOYMENT WITHOUT DIRECTOR OF PERSONNEL OR DESIGNEE REVIEW & APPROVAL.

Division/Location:	**Title:**	**Starting Date:**

Bi Weekly Hours:	**Work Week:** **S S M T W T F**	**Salary:**

Bargaining Unit	**Confidential**	☐	**EEO Code (after employment)**
	Local 32 OPEIU	☐	
	IBT Local 469	☐	**C B H A/PI AI/AN** **M☐ F☐**