

**County of Somerset New Jersey**  
Department of Finance & Administrative Services  
P.O. Box 3000  
Somerville, New Jersey 08876-1262

**DIVISION OF  
HUMAN RESOURCES**  
BEVERLY HACKER  
DIRECTOR



(908) 231-7120  
Fax: (908) 575-9309  
TDD (908) 704-6359

***EMPLOYMENT APPLICATION PACKET  
FOR  
SHERIFF'S OFFICER  
SHERIFF'S OFFICER CADET  
CORRECTION OFFICER***



# Application for Employment COUNTY OF SOMERSET

DIVISION OF HUMAN RESOURCES  
(908) 231-7120 FAX: (908) 575-9309  
An Equal Opportunity Employer

P.O. Box 3000  
20 Grove Street  
Somerville, NJ 08876-1262

To help us place you properly, please fill in this form completely and accurately

Date

Name

Telephone

Present Address      Number      Street      City      State      Zip

Specific Position Sought  
 SHERIFF'S OFFICER CADET       SHERIFF'S OFFICER       CORRECTION OFFICER

Are you able to perform the essential functions of the position for which you have applied with or without reasonable accommodation?      ( ) Yes      ( ) No

Salary or rate of pay expected \_\_\_\_\_

Where did you learn of this position?      ( ) Newspaper      ( ) Agency      ( ) Friend      ( ) Other

Have you ever been employed by the County of Somerset? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_\_\_

Have you ever been convicted of a crime which has not been expunged or sealed by the court? \_\_\_\_\_

## Record of Education

| SCHOOL          | NAME AND ADDRESS OF SCHOOL | COURSE OF STUDY | CIRCLE YEAR COMPLETED | DID YOU GRADUATE  | LIST DIPLOMA OR DEGREE |
|-----------------|----------------------------|-----------------|-----------------------|-------------------|------------------------|
| Elementary      |                            |                 | 5 6 7 8               | ( ) Yes<br>( ) No |                        |
| High            |                            |                 | 1 2 3 4               | ( ) Yes<br>( ) No |                        |
| College         |                            |                 | 1 2 3 4               | ( ) Yes<br>( ) No |                        |
| Other (Specify) |                            |                 | 1 2 3 4               | ( ) Yes<br>( ) No |                        |

## Personal References (Not Former Employers or Relatives)

Name      Address      Phone Number

Name      Address      Phone Number

## Work Experience

| FROM | TO | NAME AND ADDRESS OF EMPLOYER | DESCRIBE POSITION | SUPERVISOR | REASON FOR LEAVING | RATE OF PAY |
|------|----|------------------------------|-------------------|------------|--------------------|-------------|
|      |    |                              |                   |            |                    |             |
|      |    |                              |                   |            |                    |             |
|      |    |                              |                   |            |                    |             |
|      |    |                              |                   |            |                    |             |
|      |    |                              |                   |            |                    |             |

Please use this space to give additional information concerning experience, education, skills or qualifications

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I understand that a condition of employment is that I must become a member of the public employee retirement system of New Jersey and that I may have to submit to a physical examination. It is understood that any false statement on this application is sufficient cause for dismissal. The completion of this application does not indicate there are any vacant positions and in no way obligates the County of Somerset.

I understand and agree that my employment is for no definite period of time and may, regardless of date of payment of my wages and salary, be terminated, with or without cause and with or without notice, at any time (except as may be limited by a collective bargaining agreement). I understand that no manager or representative of the County of Somerset, has authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, and that any such agreement, to be enforceable, must be in writing and signed and approved by the Board of Chosen Freeholders of Somerset County. I also understand that neither hours of work which may be assigned to me at any time, nor any other act or circumstance shall constitute a guarantee of employment as to daily or weekly straight time or overtime hours, if any.

The County of Somerset is an equal opportunity employer. Federal and state legislation and county policy prohibit discrimination because of age, race, creed, color, national origin, ancestry, marital status, sex, familial status, atypical hereditary cellular or blood trait, nationality, affectional or sexual orientation, liability for military service, or mental or physical disability, subject only to conditions and limitations applicable alike to all persons.

I hereby certify that all information in this application and all documents attached are true and valid.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature