

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
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***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 () No	
High			1 2 3 4	() Yes () No	
College			1 2 3 4	() Yes () No	
Other (Specify)			1 2 3 4	() Yes () 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

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