



**The County of Morris**  
 Personnel Division  
 Administration & Records Building  
 P.O. Box 900  
 Morristown, New Jersey 07963-0900

**Application for  
 Employment**

**Date**

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The County of Morris 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.**

**Name**

\_\_\_\_\_  
 First Middle Last

**Home Address**

\_\_\_\_\_  
 Number & Street

\_\_\_\_\_  
 City County State Zip Code

**Primary Contact Phone**

**Alternate Phone (optional)**

\_\_\_\_\_

**Are you under 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 \_\_\_/\_\_\_

**Names of friends or relatives employed here?**

**In case of emergency, notify:**

\_\_\_\_\_  
 Name Address Phone Number

**Position Desired**      **Full Time**      **Days/Hours if Part Time**      **Salary Expected**      **Date Available**  
**Part Time**

## EDUCATION

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

Highest Year Attended	Name and Location of School	Major Course of Study and Degree Earned	Were you graduated?
Grammar School			<del>          </del>
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

<b>Branch of Service</b>	<b>Rank</b>	<b>Specialty</b>

## SPECIAL SKILLS

**Special Skills or Training Received**

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<b>Hobbies &amp; Interests</b>	<b>Current Part Time or Personal Business</b>	<b>Are you now or have you ever been enrolled in a State administered pension system?</b>
		Yes                      No

## EMPLOYMENT RECORD

A resume may supplement but not substitute this information.

### Most Recent Last Employer

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





I hereby authorize investigation of all statements contained in this application. I hereby further agree to undergo a physical examination by a physician selected by the County of Morris. Pre-employment medical examination will include controlled substance abuse screening test.

I understand that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or separation from the County's service; if I have been employed, I agree to abide by all rules and regulations set forth by the County of Morris.

I also understand that the job I am applying for is temporary, pending successful completion of Civil Service Examination and appointing procedures.

I hereby release the County of Morris or those individuals or corporations who provide information relating to my prior employment or character from all liability whatsoever that may issue from securing such information.

### **SIGNATURE**

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

/S/ \_\_\_\_\_

If your 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 of all information on the form.

**Date**  
\_\_\_\_\_

**Signed**  
/S/ \_\_\_\_\_

**Address**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_