



Application for Employment
COUNTY OF SOMERSET

Mental Health and
 Youth Services Clinicians

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
 humanresources@co.somerset.nj.us

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

Name	Date				
Email Address	Telephone				
Present Address	Number	Street	City	State	Zip
Specific Position Sought					

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? _____

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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
High			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 heredity cellular or blood trait, nationality, affectional, 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

_____ Name

SOMERSET COUNTY DIVISION OF HUMAN RESOURCES

AUTHORIZATION and RELEASE OF INFORMATION FORM

The undersigned, having applied for the position of _____ do hereby authorize the appropriate County Officials to verify my credentials for employment purposes and at any interval thereafter that may be deemed appropriate and necessary.

We may check prior employment, educational credentials and driver's license and criminal history record background check.

Any falsification or omission of information from any employment documents may result in withdrawal of the employment offer or termination of employment.

I understand that if I refuse to electronically sign this form, I will not be considered for employment with the County of Somerset.

Driver's License #

Name

Date

SOMERSET COUNTY DIVISION OF HUMAN RESOURCES

RELEASE FOR PHYSICAL TESTING

This is to notify you that you are required to pass a Physical Test in order to be considered for a position in the Mental Health Center or Youth Services Divisions.

By signing the release below, I hereby authorize the release of the physical test results to the County of Somerset.

I release from all liability all persons supplying such information. I indemnify the County of Somerset against any liability, which may result from such requests. This release shall remain in effect for the length of my employment. I understand and I may have a right to request additional disclosures regarding the nature and scope of the investigation.

I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

Name

Date

Signature

AGREEMENT: By electronically signing this Application Form, I, _____, agree that my electronic signature is the legally binding equivalent to my handwritten signature.

After you have electronically signed this application, hit the **Submit My Application** button.

You can then attach your resume to the email.