

BURLINGTON COUNTY BRIDGE COMMISSION

1300 ROUTE 73 NORTH, P.O. BOX 6, PALMYRA, NJ 08065-0006
 TELEPHONE NO. 856-829-1900 FAX NO. 856-829-5205



APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION

| | | | | | | | | | |
|---|------------------------------|-----------------------------|---|--------------------------|--|------------------------------|---|--------------------------|--|
| Position Applying For | | | Permanent Full-Time | <input type="checkbox"/> | Permanent Part-Time | <input type="checkbox"/> | Summer College Intern (Must be 18 Years of Age) | <input type="checkbox"/> | |
| Date Available | | Desired Salary | | Referred By | | | | | |
| Last Name | | | First Name | | | M.I. | | Date | |
| Street Address | | | | | Apartment/Unit # | | | | |
| City | | | State | | ZIP | | | | |
| Home Phone | | | Cell Phone | | | E-mail Address | | | |
| List any relative(s) currently employed by the Burlington County Bridge Commission; include their name, their position, and relation. | | | | | | | | | |
| Are you currently employed? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, may we inquire of your present employer? | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | |
| Are you a citizen of the United States? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you lawfully authorized to work in the U.S.? | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | |
| Have you been convicted of a crime or other offense which has not been expunged by the Court, either in NJ or in any other jurisdiction? <i>(A conviction will not necessarily preclude you from employment.)</i> | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, please explain. | | | | | | |
| Have you ever worked (or attended school/training) under a different name? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, state name. | | | | | | |
| Have you ever worked for the Bridge Commission? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, when? | | | | | | |
| Have you ever applied for work at the Bridge Commission? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, when? | | | | | | |
| Do you have a current driver's license? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, please answer: | Type: | State | DL No. | | | |
| | | | | | <i>(answer only if this is a requirement as indicated on job announcement)</i> | | Expiration Date: | | |

EDUCATION/OTHER TRAINING

| | Name and Location | Did You Graduate? | Credits Earned | Major Subject | Degree Received |
|-------------|-------------------|--|----------------|---------------|-----------------|
| High School | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| College | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Other | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Other | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |

ADDITIONAL INFORMATION

Please describe additional skills, training or ability you would like to have us consider in evaluating your qualifications:

PREVIOUS EMPLOYMENT (MOST CURRENT FIRST)

| | | | | | |
|--|--|------------|--|--------------------|--|
| Company | | | | | Phone |
| Address | | | | | Supervisor |
| Job Title | | | | | |
| Responsibilities | | | | | |
| From (Mo/Yr) | | To (Mo/Yr) | | Reason for Leaving | |
| May we contact your previous supervisor for a reference? | | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |

| | | | | | |
|--|--|------------|--|--------------------|--|
| Company | | | | | Phone |
| Address | | | | | Supervisor |
| Job Title | | | | | |
| Responsibilities | | | | | |
| From (Mo/Yr) | | To (Mo/Yr) | | Reason for Leaving | |
| May we contact your previous supervisor for a reference? | | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |

| | | | | | |
|--|--|------------|--|--------------------|--|
| Company | | | | | Phone |
| Address | | | | | Supervisor |
| Job Title | | | | | |
| Responsibilities | | | | | |
| From (Mo/Yr) | | To (Mo/Yr) | | Reason for Leaving | |
| May we contact your previous supervisor for a reference? | | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |

REFERENCES

Please list three people unrelated to you whom we may contact for information concerning your qualifications.

| | | | | | |
|------------|--|--|--|-------|--|
| Name | | | | | |
| Address | | | | | |
| Occupation | | | | Phone | |
| Name | | | | | |
| Address | | | | | |
| Occupation | | | | Phone | |
| Name | | | | | |
| Address | | | | | |
| Occupation | | | | Phone | |

MILITARY SERVICE

| | | | | | |
|----------------------------------|--|-------------------|--|---------------|--|
| Branch | | To (Mo/Yr) | | To (Mo/Yr) | |
| Rank at Discharge | | Type of Discharge | | | |
| If other than honorable, explain | | | | | |

DISCLAIMER AND SIGNATURE

I hereby give the Burlington County Bridge Commission the right to fingerprint me, and to make a thorough background investigation into my previous employment, criminal record, education and references; and I release from all liability all persons, companies, and corporations supplying such information. I release, indemnify, and hold harmless the Burlington County Bridge Commission from and against any and all liability which might result from making such an investigation. I further understand that as a part of the application and employment process I may be required to provide my social security number to the Bridge Commission and I agree to provide same.

I agree to submit to the Commission's drug test, and I understand and agree that before the Commission will extend an offer of employment to me, I must successfully pass that test in accordance with the Commission's policy.

I further understand and agree that if an offer of employment is made to me, I agree to take a physical and psychological examination prior to the commencement of employment. I understand that any job offer is contingent on the successful completion of these medical examinations. The results of these examinations will be used in accord with, and in compliance with the Americans With Disabilities Act, 42 U.S.C. §12101 et seq. and other applicable law.

I understand that any false answer, statement, or representation made by me in this application shall constitute sufficient cause for discharge. I also understand that nothing contained in this employment application or granting of an interview is intended to create an employment contract between the Burlington County Bridge Commission and myself for either employment or for the granting of benefits. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Burlington County Bridge Commission unless made in writing. If an employment relationship is established, I understand and agree that it is not for a definite period of time and that I have the right to terminate my employment at any time and that the Burlington County Bridge Commission retains a similar right.

I understand that, if accepted for employment, it is necessary to abide by the rules and policies of the Burlington County Bridge Commission and that I will be on probation before being considered a regular employee.

Signature

Date

DO NOT WRITE BELOW THIS LINE

| | | | |
|---------------------|------------|---------------|---------------|
| Interviewer | Date | Interviewer | Date |
| Remarks: | | Remarks: | |
| Personnel Signature | | Date | Remarks: |
| Job Title | Department | Starting Date | Starting Rate |