

County of Sussex  
 Department of Central & Shared Services  
 One Spring Street  
 ATTENTION: OFFICE OF EMPLOYEE SERVICES  
 Newton, New Jersey 07860

**COUNTY OF SUSSEX**

**Employment Application and Personnel Record**

<b>Name:</b>		<b>Phone</b>	
<b>Street:</b>		<b>Soc. Sec. #</b>	
<b>Town/State/Zip:</b>			
Do you possess a valid Driver's License:		Driver's License Number:	
State:			
Position(s) applied for:			
Full Time only		Part Time only:	Either
Education	Name & Location of School	Degree/Course of Study	Last Year Completed
High			1 2 3 4 Graduated? Yes No
College			1 2 3 4 Graduated? Yes No
Other			
Do you possess any license or certification for your occupation? If yes, describe and give number:			
Do you possess a New Jersey Exempt Fireman's Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you possess any skills which you feel particularly fit the work/title you applied for			
Names and relationship of relatives employed by the County			

Please complete both sides of application. Please return via mail (address listed above), fax or email.

Phone: 973-579-0200

Fax: 973-579-0355

[employeeservices@sussex.nj.us](mailto:employeeservices@sussex.nj.us)

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Employment History			
Dates Employed	Name, Address of Employer	Your title or duties	Reason for Leaving
	Phone:		
	Phone:		
	Phone:		
	Phone:		
May we contact the employers listed above? _____ If not, indicate which one(s) and why not:			
Personal References (Not Employers or Relatives)			
Name, Address and Phone			
Name, Address and Phone			
Name, Address and Phone			

**PLEASE READ BEFORE SIGNING**

The County of Sussex provides Equal Employment Opportunities to all applicants regardless of race, creed, color, ancestry, sex, age, disability, marital status, national origin, atypical, hereditary, cellular or blood trait, or on the basis of affectional or sexual orientation. Should you feel you have not been treated fairly, please notify the Equal Employment Officer, in writing, at the address on this form within 10 days. I hereby certify that all the information contained on this employment application is true and complete. I authorize the County of Sussex to contact all sources necessary to verify the information. I understand any misstatement or omission is cause for dismissal should I be employed. I understand some positions may require post-offer, pre-employment, physical, Drug/Alcohol Testing, and/or psychological examinations. I understand if employed I will be required to contribute to a State administered pension system. I understand most employees and applicants are required to pass a Civil Service exam to obtain permanent appointment.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Please print name:

\_\_\_\_\_