



Dream Explore Imagine

Camden County Library System is governed and supported by the Camden County Board of Chosen Freeholders and the Camden County Library Commission

Application for Employment

1. Name: _____
2. Address: _____

3. Home Telephone: () _____ 4. Business Telephone: () _____
5. Cell Phone: () _____ 6. E-mail: _____
7. Social Security No.: _____ 8. Desired Salary: _____
9. Announced position applied for: _ _____ Location _____

Applications submitted for positions not announced will be returned to the applicant as unaccepted by the library.

10. a. Are you 18 years old or older? yes no
(If under 18, you will be required to submit working papers if offered employment.)
- b. Are you eligible for employment in the U.S.? yes no
- c. Do you possess a driver's license that is valid in New Jersey? yes no
- d. Have you ever worked or been educated under a different name? yes no
If yes, specify _____
- e. Have you ever worked for the County of Camden before? yes no
If yes, specify _____

11.

GED, College and Graduate Schools

List any high school or equivalent, colleges, universities and graduate schools which you have attended

Name of School	Credit Hours	Major Area of Study	Type of Degree	Did you Graduate

12.

Other Schools or Training Schools

include vocational, technical and other schools you have attended that are related to the title for which you are applying. If it is not a full curriculum, be specific as to the number of hours.

Name and Location	Subject or Courses	Was Course Completed

13. Use this space to describe any licenses, certificates, registrations, skills, crafts, including machines or equipment operated which relates to the position for which you are applying.

14.

List All Employment

Start with present or last position and work back. Include U.S. Military and volunteer experience.

Please complete in full even though you may attach a resume.

Position Title:	From: _____ To: _____ mo./yr. mo./yr.	Salary or Wage: Starting: Ending:
Employer's Name & Address:	Supervisor's Name:	
	Employer's Phone Number:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ Hours per week		Reason for Leaving:
Description of Duties:		

Position Title:	From: _____ To: _____ mo./yr. mo./yr.	Salary or Wage: Starting: Ending:
Employer's Name & Address:	Supervisor's Name:	
	Employer's Phone Number:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ Hours per week		Reason for Leaving:
Description of Duties:		

Position Title:	From: _____ To: _____ mo./yr. mo./yr.	Salary or Wage: Starting: Ending:
Employer's Name & Address:	Supervisor's Name:	
	Employer's Phone Number:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ Hours per week		Reason for Leaving:
Description of Duties:		

15. Do you have any objection to our contacting any of your previous employers regarding your employment?
 yes no

16. Are you engaged in other business activity or employment which you desire to continue if employed by the County of Camden?
 yes no

17. Do you or does a member of your immediate family own or have an interest in any organization that deals with, is regulated by or is otherwise affected by the operations of any department of the County of Camden?
 yes no

18. Do you have any relatives that work for the County?
 yes no
 If yes, name of relative _____ relative's position _____

19. List three business references whom we may contact for information concerning your qualifications.

Name	Email or Street Address	Phone No.	Occupation

20. In case of emergency notify:
 Name: _____
 Day Phone _____ Evening/Cell Phone _____

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or Omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

I acknowledge that I have read and understand the above statement and hereby grant permission to confirm the information supplied on this application by me.

I understand that if I submit an incomplete application, it may be cause for disqualification.

21. Signature _____ Date _____