

EMPLOYMENT RECORD

NAME, ADDRESS AND PHONE # OF EMPLOYER	DATES MM/YYYY	DESCRIBE THE WORK YOU DID	SALARY	REASON FOR LEAVING
	FROM:		START	
	TO:		END:	
PHONE:				
SUPERVISOR:				
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PHONE:				
SUPERVISOR:				

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? YES NO

LIST ANY TECHNICAL OR BUSINESS SKILLS WHICH YOU THINK WILL FIT YOU FOR WORK WITH US:

LIST ANY FRIENDS WORKING FOR US: _____

LIST ANY RELATIVES WORKING FOR US: _____

PERSONAL REFERENCES (NOT FORMER EMPLOYERS OR RELATIVES)

NAME AND OCCUPATION	ADDRESS	PHONE

GLOUCESTER COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

The responsibility for implementation and management of Gloucester County's Affirmative Action Program is assigned to the freeholder in charge of the Human Resources Department and the County's EEOC Officer. Please contact them directly, or the Human Resources Director, if you feel you have been discriminated against or unfairly treated on the basis of race, color, religion, national origin, sex or physical or mental disability.

I CERTIFY THAT THE INFORMATION ON THE APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. IF I AM APPOINTED ON THE BASIS OF ANY MISSTATEMENT HEREIN, I SHALL BE SUBJECT TO REMOVAL.

SIGNATURE

DATE

