

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

**COUNTY OF GLOUCESTER
EQUAL OPPORTUNITY DATA FORM**

The County of Gloucester prohibits discrimination on the basis of race, color, religion, national origin, gender, sexual orientation, past or present disability, ancestry, age, marital status, parental status or military status, and is committed to compliance with the Civil Rights Act of 1964, the Educational Amendment Act of 1972, Section 504 of Rehabilitation Act of 1973 and applicable New Jersey civil rights laws and regulations. For questions concerning compliance, contact the Gloucester County EEO Training Coordinator at (856) 384-6991.

ALL INFORMATION REQUESTED BELOW IS COMPLETELY VOLUNTARY. REFUSAL TO PROVIDE INFORMATION WILL NOT SUBJECT YOU TO ANY ADVERSE TREATMENT. THE INFORMATION PROVIDED WILL NOT BE PART OF YOUR APPLICATION FOR EMPLOYMENT AND WILL NOT BE AVAILABLE TO ANY DEPARTMENT CONSIDERING YOU FOR EMPLOYMENT. THIS INFORMATION IS REQUESTED FOR REPORTING PURPOSES ONLY.

DATE FORM COMPLETED: _____ / _____ / _____ SEX: _____ Male _____ Female

RACE/ETHNIC ORIGIN (Please see definition) _____ Asian _____ Hispanic or Latino
 _____ American Indian or Alaskan Native _____ White
 _____ Black or African American
 _____ Native Hawaiian or Other Pacific Islander
 _____ Two or More Races (please identify)

INDICATE TYPE OF POSITION(S) DESIRED: _____ Secretarial/Clerical _____ Administrative/ Management
 _____ Engineering _____ Labor/Heavy Equipment
 _____ Technical/Paraprofessional _____ Building Maintenance/Service
 _____ Other _____

Definitions of Race/Ethnic Groups

The race/ethnic groups for State statistics and Federal reporting are defined as follows:

ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, and the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

BLACK OR AFRICAN AMERICAN: A person having origins in any of the black racial groups of Africa.

HISPANIC or LATINO: A person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race.

WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

TWO OR MORE RACES: a person who primarily identifies with two or more of the above race/ethnicity categories.