



COUNTY OF GLOUCESTER APPLICATION  
FOR THE HAZARDOUS MATERIALS RESPONSE TEAM

**FOR OFFICAL USE ONLY**

\*REVISED 6/10/07

**NO APPLICATION WILL BE PROCESSED OR CONSIDERED  
UNLESS COMPLETED IN FULL**

TODAY'S DATE YEAR \_\_\_\_\_ /MONTH \_\_\_\_\_ /DAY/ \_\_\_\_\_

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

\_\_\_\_\_

Contact Information:

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

E-Mail \_\_\_\_\_

Municipality: \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_

Availabliity: \_\_\_\_\_

1	HAVE YOU EVER WORKED FOR US?	YES	NO	IF YES, WHAT DEPARTMENT?	
2	DO YOU HAVE ANY ALLERGIES? SOME DEPTS REQUIRE EXPOSURE TO ANIMALS & OUTDOOR FACILITIES			IF YOU ANSWERED YES, PLEASE LIST ALLERGIE S	
3	HAVE YOU EVER BEEN CONVICTED OF A CRIME EQUAL TO THE FOURTH DEGREE OR ABOVE OF NEW JERSEY LAW? A CONVICTION WILL NOT NECESSARILY PRECLUDE YOUR EMPLOYMENT.			YES	NO

IF YOU ANSWERED YES TO ITEM3,PLEASE EXPLAIN FURTHER \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION EMPLOYMENT RECORD**

EDUCATION / TRADE	GRADUATED (PLEASE INDICATE YES OR NO BELOW)	MAJOR STUDY	TYPE OF DEGREE	G.P.A.
HIGHEST GRADE COMPLETED – (IF YOU ARE STILL IN HIGH SCHOOL, PLEASE LIST WHAT SCHOOL YOU CURRENTLY ATTEND)				
COLLEGE OR UNIVERSITY (IF APPLICABLE)				
BUSINESS OR TECHNICAL (IF APPLICABLE)				

LIST ANY TECHNICAL OR BUSINESS SKILLS WHICH YOU THINK MAY BE BENEFICIAL TO US:

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LIST ANY FRIENDS OR 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

