

**TOWNSHIP OF OCEAN**  
**APPLICATION FOR EMPLOYMENT**

399 Monmouth Road, Oakhurst, NJ 07755  
Phone: (732) 531-5000      [www.oceantwp.org](http://www.oceantwp.org)      Fax: (732) 531-5286

Application Date: \_\_\_\_\_

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

Position Applied For: \_\_\_\_\_

Department: \_\_\_\_\_

The Township of Ocean considers applicants for all positions without regard to race, creed, color, religion, sex, pregnancy, national origin, age, marital or veteran status, disability, affectional or sexual orientation, gender identity or expression, civil union status, domestic partnership status or any other legally protected status.

**The Americans with Disabilities Act of 1990 prohibits employers from discriminating against any qualified person on the basis of a disability. The Township of Ocean makes reasonable accommodations during all aspects of the application process. The Township also makes reasonable accommodations in the work environment to enable a person with a disability to perform the essential functions of the job. The Township, however, can only reasonably accommodate a disability of which it is aware. Therefore, it is the applicant's responsibility to inform the Township that he or she needs a reasonable accommodation. The Township may ask the applicant for documentation to support the request for a reasonable accommodation. Applicants who need a reasonable accommodation before the interview process begins should inform the personnel office.**

**WHILE THE TOWNSHIP OF OCEAN ENCOURAGES APPLICANTS TO SUBMIT A RESUME  
A RESUME IS NOT A SUBSTITUTE FOR COMPLETING THIS FORM IN ITS ENTIRETY**

Note: The New Jersey First Act, P.L. 2011, c.70, requires that Township employees reside in the State of New Jersey unless otherwise exempted under the law. Employees who begin their employment on September 1, 2011, or later must live in New Jersey unless otherwise exempted. If the employee does not live in New Jersey, the employee has one year after the date of hire to relocate to New Jersey. If the employee does not relocate, the employee may be removed from employment.

All information will be verified and all references will be checked. Information will be kept confidential to the extent permitted by law.

**DO NOT WRITE IN THIS BOX**

RECOMMEND FOR EMPLOYMENT:  Yes  No      IF NO, HOLD FOR FUTURE USE?  Yes  No

IF YES, START DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_      DATE: \_\_\_\_\_

**I. PERSONAL**

LAST NAME FIRST MIDDLE

PRESENT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP) TELEPHONE NUMBER

PERMANENT ADDRESS (IF DIFFERENT FROM PRESENT) TELEPHONE NUMBER

ARE YOU 18 YEARS OF AGE OR OLDER? (If no, you will be required to show proof of eligibility to work)  Yes  No

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? (Proof of US citizenship or work authorization status will be required upon employment)  Yes  No

NAMES OF RELATIVES OR FRIENDS EMPLOYED BY THE TOWNSHIP OF OCEAN (All candidates must complete applicant relative disclosure form):

HAVE YOU EVER BEEN EMPLOYED BY THE TOWNSHIP OF OCEAN? IF YES, WHEN?  Yes  No

HAVE YOU EVER APPLIED FOR A POSITION WITH THE TOWNSHIP OF OCEAN? IF YES, WHEN?  Yes  No

HAVE YOU EVER WORKED OR BEEN EDUCATED UNDER A DIFFERENT NAME?  Yes  No

IF YES, SPECIFY NAME:

**II. POSITION AND PERSONAL INTERESTS**

TITLE OF POSITION APPLIED FOR \$ PER SALARY DESIRED

TYPE OF EMPLOYMENT SOUGHT:  FULL-TIME  PART-TIME  TEMPORARY  SEASONAL

DATE AVAILABLE TO START WORK HOW WERE YOU REFERRED TO US?

**III. EDUCATION AND TRAINING**

| SCHOOL   | NAME AND LOCATION OF SCHOOL | COURSE OF STUDY | CIRCLE LAST YEAR COMPLETED | DID YOU GRADUATE?   | LIST DIPLOMA OR DEGREE |
|--|-----------------------------|-----------------|----------------------------|---|------------------------|
| HIGH SCHOOL OR EQUIVALENT  |                             |                 | 9 10 11 12                 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                        |
| TECHNICAL OR COMMERCIAL  |                             |                 | 1 2 3 4                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                        |
| COLLEGE  |                             |                 | 1 2 3 4                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                        |
| OTHER (SPECIFY)  |                             |                 | 1 2 3 4                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                        |
| ARE YOU TAKING ANY COURSE OF STUDY NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE DETAILS:  |                             |                 |                            | DATE TO BE COMPLETED:                                       |                        |
| LIST ANY SCHOLASTIC HONORS, HONORARY SOCIETIES, FELLOWSHIPS AND SCHOLARSHIPS:  |                             |                 |                            |   |                        |
| DESCRIBE ANY SPECIALIZED LICENCES, CERTIFICATIONS, TRAINING, APPRENTICESHIP, SKILLS OR EXTRA-CURRICULAR ACTIVITIES (i.e. EMT or fire fighting training and participation, etc.) Exclude those that indicate race, religion, sex, age, national origin or other protected classification: |                             |                 |                            |   |                        |
| WHAT COMPUTER SKILLS DO YOU HAVE? (IF APPLICABLE)  |                             |                 |                            |   |                        |

## IV. EMPLOYMENT HISTORY

PLEASE ACCOUNT FOR ALL PERIODS OF EMPLOYMENT REGARDLESS OF LENGTH OF SERVICE, INCLUDING U.S. ARMED FORCES EXPERIENCE AND SELF-EMPLOYMENT. LIST YOUR PRESENT OR LAST EMPLOYER FIRST. DO NOT OMIT ANY EMPLOYER. IF MORE SPACE IS DESIRED, PLEASE USE AN ADDITIONAL APPLICATION FOR A COPY OF THIS PAGE.

|   |                                    |                                    |  |   |  |       |      |            |
|---|------------------------------------|------------------------------------|--|---|--|-------|------|------------|
| NAME OF EMPLOYER                        |                                    | ADDRESS OF EMPLOYER                |  | DATES EMPLOYED                              |  | FROM  | TO   |            |
|   |                                    |                                    |  |   |  | /     | /    |            |
|   |                                    |                                    |  |   |  | MONTH | YEAR | MONTH YEAR |
| FULL-TIME <input type="checkbox"/>      | PART-TIME <input type="checkbox"/> | TEMPORARY <input type="checkbox"/> | SEASONAL <input type="checkbox"/>        | IF NOT FULL-TIME, NUMBER OF HOURS PER WEEK: |  |       |      |            |
| TELEPHONE OF EMPLOYER                   | SUPERVISOR'S NAME                  | SUPERVISOR'S TITLE                 | TELEPHONE OF SUPERVISOR                  | DEPARTMENT                                  |  |       |      |            |
| YOUR POSITION OR TITLE                  |                                    | REASON FOR LEAVING                 |  |   |  |       |      |            |
| WORK PERFORMED/RESPONSIBILITIES         |                                    |                                    |  |   |  |       |      |            |
| MAY WE CONTACT EMPLOYER?                |                                    | NOW <input type="checkbox"/>       | AT A LATER DATE <input type="checkbox"/> | NOT AT ALL <input type="checkbox"/>         |  |       |      |            |
| MAY WE CONTACT SUPERVISOR AS REFERENCE? |                                    | NOW <input type="checkbox"/>       | AT A LATER DATE <input type="checkbox"/> | NOT AT ALL <input type="checkbox"/>         |  |       |      |            |

|   |                                    |                                    |  |   |  |       |      |            |
|---|------------------------------------|------------------------------------|--|---|--|-------|------|------------|
| NAME OF EMPLOYER                        |                                    | ADDRESS OF EMPLOYER                |  | DATES EMPLOYED                              |  | FROM  | TO   |            |
|   |                                    |                                    |  |   |  | /     | /    |            |
|   |                                    |                                    |  |   |  | MONTH | YEAR | MONTH YEAR |
| FULL-TIME <input type="checkbox"/>      | PART-TIME <input type="checkbox"/> | TEMPORARY <input type="checkbox"/> | SEASONAL <input type="checkbox"/>        | IF NOT FULL-TIME, NUMBER OF HOURS PER WEEK: |  |       |      |            |
| TELEPHONE OF EMPLOYER                   | SUPERVISOR'S NAME                  | SUPERVISOR'S TITLE                 | TELEPHONE OF SUPERVISOR                  | DEPARTMENT                                  |  |       |      |            |
| YOUR POSITION OR TITLE                  |                                    | REASON FOR LEAVING                 |  |   |  |       |      |            |
| WORK PERFORMED/RESPONSIBILITIES         |                                    |                                    |  |   |  |       |      |            |
| MAY WE CONTACT EMPLOYER?                |                                    | NOW <input type="checkbox"/>       | AT A LATER DATE <input type="checkbox"/> | NOT AT ALL <input type="checkbox"/>         |  |       |      |            |
| MAY WE CONTACT SUPERVISOR AS REFERENCE? |                                    | NOW <input type="checkbox"/>       | AT A LATER DATE <input type="checkbox"/> | NOT AT ALL <input type="checkbox"/>         |  |       |      |            |

|   |                                    |                                    |  |   |  |       |      |            |
|---|------------------------------------|------------------------------------|--|---|--|-------|------|------------|
| NAME OF EMPLOYER                        |                                    | ADDRESS OF EMPLOYER                |  | DATES EMPLOYED                              |  | FROM  | TO   |            |
|   |                                    |                                    |  |   |  | /     | /    |            |
|   |                                    |                                    |  |   |  | MONTH | YEAR | MONTH YEAR |
| FULL-TIME <input type="checkbox"/>      | PART-TIME <input type="checkbox"/> | TEMPORARY <input type="checkbox"/> | SEASONAL <input type="checkbox"/>        | IF NOT FULL-TIME, NUMBER OF HOURS PER WEEK: |  |       |      |            |
| TELEPHONE OF EMPLOYER                   | SUPERVISOR'S NAME                  | SUPERVISOR'S TITLE                 | TELEPHONE OF SUPERVISOR                  | DEPARTMENT                                  |  |       |      |            |
| YOUR POSITION OR TITLE                  |                                    | REASON FOR LEAVING                 |  |   |  |       |      |            |
| WORK PERFORMED/RESPONSIBILITIES         |                                    |                                    |  |   |  |       |      |            |
| MAY WE CONTACT EMPLOYER?                |                                    | NOW <input type="checkbox"/>       | AT A LATER DATE <input type="checkbox"/> | NOT AT ALL <input type="checkbox"/>         |  |       |      |            |
| MAY WE CONTACT SUPERVISOR AS REFERENCE? |                                    | NOW <input type="checkbox"/>       | AT A LATER DATE <input type="checkbox"/> | NOT AT ALL <input type="checkbox"/>         |  |       |      |            |

**IV. EMPLOYMENT HISTORY (cont'd)**

|   |                                    |                                    |  |   |  |       |      |
|---|------------------------------------|------------------------------------|--|---|--|-------|------|
| NAME OF EMPLOYER                        |                                    | ADDRESS OF EMPLOYER                |  | DATES EMPLOYED                              |  | FROM  | TO   |
|   |                                    |                                    |  |   |  | /     | /    |
|   |                                    |                                    |  |   |  | MONTH | YEAR |
|   |                                    |                                    |  |   |  | MONTH | YEAR |
| FULL-TIME <input type="checkbox"/>      | PART-TIME <input type="checkbox"/> | TEMPORARY <input type="checkbox"/> | SEASONAL <input type="checkbox"/>        | IF NOT FULL-TIME, NUMBER OF HOURS PER WEEK: |  |       |      |
| TELEPHONE OF EMPLOYER                   | SUPERVISOR'S NAME                  | SUPERVISOR'S TITLE                 | TELEPHONE OF SUPERVISOR                  | DEPARTMENT                                  |  |       |      |
| YOUR POSITION OR TITLE                  |                                    | REASON FOR LEAVING                 |  |   |  |       |      |
| WORK PERFORMED/RESPONSIBILITIES         |                                    |                                    |  |   |  |       |      |
| MAY WE CONTACT EMPLOYER?                |                                    | NOW <input type="checkbox"/>       | AT A LATER DATE <input type="checkbox"/> | NOT AT ALL <input type="checkbox"/>         |  |       |      |
| MAY WE CONTACT SUPERVISOR AS REFERENCE? |                                    | NOW <input type="checkbox"/>       | AT A LATER DATE <input type="checkbox"/> | NOT AT ALL <input type="checkbox"/>         |  |       |      |

**V. OUTSIDE ORGANIZATIONS**

ARE YOU ENGAGED IN ANY BUSINESS ACTIVITY OR EMPLOYMENT (INCLUDING SELF-EMPLOYMENT) WHICH YOU PLAN TO CONTINUE IF YOU ARE EMPLOYED BY THE TOWNSHIP? (If yes, your outside employment will be subject to review regarding conflicts of interest).

YES  NO IF YES, PLEASE EXPLAIN

ARE YOU A MEMBER OF ANY BUSINESS, PROFESSIONAL OR SCIENTIFIC ASSOCIATIONS? Exclude those that indicate race, religion, sex, age, national origin or other protected classification.

DESCRIBE ANY OTHER EXPERIENCE THAT MIGHT BE HELPFUL IN CONSIDERING YOUR APPLICATION. (Other work experience, internships, school activity, apprenticeships, etc.)

**VI. REFERENCES**

PROVIDE THREE (3) PERSONS, EXCLUDING RELATIVES, NOT PREVIOUSLY MENTIONED WHO ARE MOST FAMILIAR WITH YOUR WORK, ABILITY AND TRAINING.

| NAME | RELATIONSHIP/<br>YEARS KNOWN | POSITION | ADDRESS | TELEPHONE |
|------|------------------------------|----------|---------|-----------|
|      |                              |          |         |           |
|      |                              |          |         |           |
|      |                              |          |         |           |

**VII. LANGUAGES**

LIST ANY FOREIGN LANGUAGES YOU KNOW AND INDICATE YOUR LEVEL OF PROFICIENCY (Please complete only if relevant to the job).

| LANGUAGE | SPEAK SOME: | SPEAK FLUENTLY | READ: | WRITE: |
|----------|-------------|----------------|-------|--------|
|          |             |                |       |        |
|          |             |                |       |        |
|          |             |                |       |        |

**VIII. ESSENTIAL FUNCTIONS**

Please do not answer this question without first reviewing the Job Description

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB, WITH OR WITHOUT REASONABLE ACCOMODATION?  Yes  No

**IX. PERSONAL STATEMENT**

In the space provided, please provide a statement about your qualifications or employment objectives. State any special skills, experience, training, licenses, certifications or other factors that make you especially qualified for the position for which you are applying. Include community activities and hobbies. (Exclude those that indicate race, religion, sex, age or national origin or other protected classification).

Empty rectangular box for personal statement.

**X. DRIVER'S LICENSE**

COMPLETE THIS SECTION ONLY IF DRIVING IS AN ESSENTIAL PART OF THE JOB FOR WHICH YOU ARE APPLYING.

DO YOU HAVE A VALID DRIVER'S LICENSE?  YES  NO

STATE OF ISSUANCE: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

PLEASE SIGN TO INDICATE YOUR AUTHORIZATION FOR THE TOWNSHIP TO PERFORM A RECORD CHECK OF YOUR DRIVER'S LICENSE, UPON AN OFFER OF EMPLOYMENT BY THE TOWNSHIP:

\_\_\_\_\_

COMPLETE THIS SECTION IF THE JOB FOR WHICH YOU ARE APPLYING REQUIRES THAT YOU POSSESS A COMMERCIAL DRIVER'S LICENSE:

DO YOU HAVE A VALID COMMERCIAL DRIVER'S LICENSE?  YES  NO

COMMERCIAL DRIVER'S LICENSE NUMBER: \_\_\_\_\_

PLEASE LIST ANY ENDORSEMENTS: \_\_\_\_\_

PLEASE SIGN TO INDICATE YOUR AUTHORIZATION FOR THE TOWNSHIP TO PERFORM A RECORD CHECK OF YOUR COMMERCIAL DRIVER'S LICENSE, UPON AN OFFER OF EMPLOYMENT BY THE TOWNSHIP:

\_\_\_\_\_

**XI. APPLICANT'S STATEMENT**

I certify that the information on this application is true, complete and accurate, to the best of my knowledge. I authorize my former employers to release any information they may have concerning my employment record and I release the Township of Ocean and all previous employers from all liability that might arise from the disclosure of information. I authorize investigation of all statements contained in this application, including education, and a review of all criminal history, military and disciplinary records of any source, as may be necessary in arriving at an employment decision.

I give the Township of Ocean the right to investigate the information I have provided, talk with former employers (except where I have indicated they may not be contacted). I give the Township of Ocean the right to secure additional job-related information about me. I release the Township of Ocean and its representatives from all liability for seeking such information.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Township of Ocean is of an "at will" nature, which means that I may resign at any time and the Township may discharge me at any time with or without cause.

I understand that the discovery of any misrepresentation or omission of fact in this application will result in the rejection of my employment application, or in the event of employment, provide cause for termination of employment. I fully and completely understand that as a condition of employment, I must be able to perform all duties of the position applied for with or without reasonable accommodation. I also understand that if employed by the Township, I must abide by all Township rules and regulations.

I understand that any offer of employment may be subject to job-related medical, physical, drug or psychological tests. I also understand that employment in some positions is conditioned on passing a complete background and criminal check.

Pursuant to our personnel policy, all job applicants are required to sign a consent form for drug testing and if the test results are positive and are not accounted for by the legal use of prescription or non-prescription drugs the applicant shall be ineligible for hire unless they can establish a legal basis for the use of the drug or controlled substance for which the test positive. For your application to be considered, you must sign and date below.

Signature of Applicant:

Date:

**XII. TOWNSHIP'S POLICY REGARDING MEDICAL MARIJUANA**

To the extent required by law, the Township will not take adverse action against prospective employees based solely on the individual's status as a medical marijuana user and will accommodate the medical use of marijuana. The medical use of marijuana in the workplace means the use of marijuana at any time which produces a level of THC (Tetrahydrocannabinol), or its metabolite, within a person's bodily systems that equals or exceeds the detection levels established by the Federal Motor Carrier Safety Regulations, 49 CFR Part 40.

If a prospective employee tests positive for marijuana, the Township will (1) provide written notice to the prospective employee of the right to provide a legitimate medical explanation for the test result; and (2) offer the prospective employee an opportunity to present a legitimate medical explanation for the positive test result. The prospective employee has three (3) working days after receipt of that written notice to submit information explaining the positive test result or request a confirmatory retest of the original sample (at the prospective employee's expense). A legitimate explanation for the positive test result includes an authorization for medical marijuana issued by a health care practitioner or proof of registration with the medical marijuana commission.

This section does not apply when accommodation of an individual's medical marijuana use violates federal law or results in the loss of a federal contract or federal funding. The Township does not accommodate medical marijuana use by employees or applicants for positions which require a Commercial Driver's License.

Signature of Applicant:

Date:

# Voluntary Self Identification Form

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment.

If you provide information on this page, it will be filed separately from the job application. This information will be used only for EEO-4 reporting purposes.

## Applicant Information:

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

Position Applied For: \_\_\_\_\_

Date Completed: \_\_\_\_\_

## Information Regarding Status:

### Gender:

\_\_\_\_\_ Male

\_\_\_\_\_ Female

### Race/Ethnicity:

\_\_\_\_\_ Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

\_\_\_\_\_ White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

\_\_\_\_\_ Black or African-American (non-Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

\_\_\_\_\_ Native Hawaiian or Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

\_\_\_\_\_ Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

\_\_\_\_\_ Native American or Alaska Native (Not Hispanic or Latino): 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.

\_\_\_\_\_ Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

## FOR TOWNSHIP USE ONLY

Hired:  Yes  No Position \_\_\_\_\_ Date \_\_\_\_\_

Which EEO job classification best describes the position for which the applicant applied?

1. Officials and Managers

4. Sales workers

7. Operators (semi-skilled)

2. Professionals

5. Office and clerical workers

8. Laborers (unskilled)

3. Technicians

6. Craft workers (skilled)

9. Service workers

Township Official \_\_\_\_\_ Date \_\_\_\_\_

**APPLICANT RELATIVE DISCLOSURE FORM**

Name of Applicant: \_\_\_\_\_

The Township of Ocean prohibits the hiring of relatives if the employment of such an individual would result in the creation of a prohibited employment relationship. A prohibited relationship is created when:

- One relative would have the authority to directly supervise, appoint, remove, discipline, evaluate or otherwise affect the work or employment of another relative.
- The relative would be responsible for auditing the work of the other.
- Other circumstances exist which would place the relatives in a situation of actual, or reasonably foreseeable, conflict between the Township’s interest and their own.

Relative includes spouse, civil union partner, domestic partnership partner, parent, step-parent, child, step-child, sibling, step-sibling, half-sibling, father-in-law, mother-in-law, sister-in-law, brother-in-law, grandparent, grandchild, aunt, uncle, niece, nephew, and cousins.

Do any of your relatives currently work for the Township or are any of your relatives an elected or appointed Township official?       Yes       No

If you answered “yes” to the previous question, please disclose the name(s) of your relative(s) who work(s) for the Township, his or her title, and his or her relationship to you.

Relative #1

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Relative #2

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Note:** An applicant’s failure to fully disclose his or her relationship to a Township employee or elected or appointed official may result in rejection of the employment application or, if employed, the termination of employment.

I acknowledge that I have read and understand the above Disclosure Form and that I have disclosed all relatives who work for the Township or serve as elected or appointed officials.

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

\_\_\_\_\_  
Date



**OCEAN TOWNSHIP EMPLOYMENT APPLICATION  
CRIMINAL HISTORY SUPPLEMENT**

**In accordance with the Opportunity to Compete Act, P.L. 2014, c. 32, Ocean Township requires applicants to provide criminal history information after the completion of the initial employment application process. The initial employment application process ends after Ocean Township’s first interview with the applicant. If you have completed your first interview with Ocean Township, please complete this supplement to the employment application. Please do not submit this supplement prior to that time.**

Other than minor traffic violations, have you ever been convicted of a criminal offense that has not been expunged or sealed by court order?       Yes       No

A conviction does not automatically mean that you will not be selected. The nature of the crime, the time that has elapsed since the crime and the crime’s relationship to the job for which you are applying are important. If you answered yes, please provide the information requested below for each conviction so that the Township of Ocean may make an informed decision. (Please attach additional pages if needed).

Date of Conviction: \_\_\_\_\_  
Violation: \_\_\_\_\_  
Specific Statutory Code Violated: \_\_\_\_\_  
Location: \_\_\_\_\_  
Court Disposition: \_\_\_\_\_  
Police Agency Concerned: \_\_\_\_\_  
Description of Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the answers provided above are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this criminal history supplement as may be necessary in arriving at an employment decision. I release former employers and others from any liability that might arise from the disclosure of information.

I understand that the discovery of any misrepresentation or omission of fact in this criminal history supplement will result in the rejection of my employment application, or in the event of employment, provide cause for termination of employment. I understand that some positions require a complete criminal history check as a condition of employment.

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

Note: The Township of Ocean complies with Title VII of the Civil Rights Act of 1964 and the United States Equal Employment Opportunity Commission’s “Enforcement Guidance on the Consideration of Arrest and Conviction Records in Employment Decisions Under Title VII of the Civil Right Act of 1964” in its use of criminal history records in hiring and other employment decisions.

**FINGERPRINT AND BACKGROUND CHECK CONSENT FORM  
FOR EMPLOYEES, JOB APPLICANTS, AND VOLUNTEERS  
THAT MAY WORK OR HAVE CONTACT WITH MINORS**

In accordance with N.J.S.A. 15A:3A-1 et seq., I understand that, as a condition of continued employment, new employment, or my volunteer service, the Township of Ocean requires background checks on all individuals who will be working with children.

By signing this form, I agree to be fingerprinted and consent to a criminal background record check as a condition of new employment, continued employment, or voluntary service. I also represent, attest, and certify that I have never been convicted of any of the following crimes or disorderly persons offenses as defined by New Jersey law or the law of any other state, or that the guilty disposition of any of the crimes and/or offenses has been amended to a status of not guilty, or that any previous charges, as listed below, have been expunged:

2C:11 HOMICIDE all offenses

2C:12 ASSAULT, ENDANGERING, THREATS all offenses

2C:13 KIDNAPPING all offenses

2C:14 SEXUAL OFFENSES all offenses

2C:15 ROBBERY all offenses

2C:20 THEFT all offenses

2C:24 OFFENSES AGAINST THE FAMILY, CHILDREN AND INCOMPETENTS  
all offenses

2C:35 CONTROLLED DANGEROUS SUBSTANCES  
all offenses except paragraph (4) of subsection a. of N.J.S.A. 2C:35-10

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Name (please print)

---

Applicant's signature

Date

**TOWNSHIP OF OCEAN  
PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL  
AND DRUG TEST STATEMENT**

49 CFR 40.25(j) and 49 CFR 382.413: As the employer, the Township of Ocean must ask the prospective employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the prospective employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years. If the prospective employee admits that he or she had a positive test or a refusal to test, the Township must not use the prospective employee to perform safety-sensitive functions for the employer, until and unless the prospective employee documents successful completion of the return-to-duty process (see 49 CFR 40.25(b)(5) and (e)). 40 CFR 382.413 requires the Township of Ocean to request information from all DOT-Regulated employers that employed the driver within the previous three years and the scope of the information must date back three years.

Prospective Employee Printed Name: \_\_\_\_\_

Prospective Employee ID Number: \_\_\_\_\_

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years?

Check one:     Yes     No

2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return to duty requirements?

Check one:     Yes     No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Record retention guidelines:

- If “yes” to question 1, retain this form and documentation provided for 5 years.
- If “no” to question 1, discard after employment terminates but not less than 2 years from date of statement.