SOUTH JERSEY PORT CORPORATION

P.O. Box 129. Camden, New Jersey 08101

Application For Employment

An Equal Opportunity Employer

NOTE: This application form was designed for use by persons applying for various types of positions. Some questions may not be completely applicable to your situation, but we ask that you answer all job-related inquiries to the best of your ability.

(Please Print) Date of Application_____

Name_____
(Last) (First) (Middle)

Address_____
(Street, City, State & Zip Code)

Telephone: (Check which preferred) ☐ Home_____

☐ Business_____

Position Desired_____ Full-Time/Part-Time/Other (circle one)

Date Available_____ Salary/Compensation Desired _____

Referral Source: ☐ Employment Agency ☐ Newspaper Ad ☐ Walk-In Applicant

☐ School/College ☐ Employee Referral ☐ Other _____

Have you ever applied for a position with us? ☐ Yes ☐ No If "yes," When? _____

Have you ever been employed by us? ☐ Yes ☐ No If "yes," When? _____

Do you have a relative working here? ☐ Yes ☐ No If "yes," When? _____

Are you currently employed? ☐ Yes ☐ No If "yes," When? _____

EDUCATIONAL DATA

School	Print Name, Number and Street, City, State and Zip Code for each School Listing	No of Yrs Completed	Degree	Major Course of Study
High School				
College				
Graduate School				
Trade, Bus Night, or Corres.				
Other				

EMPLOYMENT HISTORY

In the following spaces give a complete record of your employment including periods of unemployment, if any. Begin with your most recent employment and work back. If additional space is needed attach a supplementary sheet.

1.

Employer		Employed	Starting Position
Address		From _____ Mo/Yr	Last Position
Telephone		To _____ Mo/Yr	Other Positions held
Starting Salary	Final Salary	Immediate Supervisor	
Duties			
Reasons for leaving			

2.

Employer		Employed	Starting Position
Address		From _____ Mo/Yr	Last Position
Telephone		To _____ Mo/Yr	Other Positions held
Starting Salary	Final Salary	Immediate Supervisor	
Duties			
Reasons for leaving			

3.

Employer		Employed	Starting Position
Address		From _____ Mo/Yr	Last Position
Telephone		To _____ Mo/Yr	Other Positions held
Starting Salary	Final Salary	Immediate Supervisor	
Duties			
Reasons for leaving			

4.

Employer		Employed	Starting Position
Address		From _____ Mo/Yr	Last Position
Telephone		To _____ Mo/Yr	Other Positions held
Starting Salary	Final Salary	Immediate Supervisor	
Duties			
Reasons for leaving			

Do you have a current and valid driver's license? ☐ Yes ☐ No

If "yes":

Driver's License Number? _____

State where license Is Issued? _____

Expiration date? _____ / _____ / _____
Month Day Year

If "no", why? _____

_____

GENERAL INFORMATION

1. If employment is offered, can you submit a birth certificate, social security card, certificate of U.S. citizenship or verification of your legal right to work in the U. S.? ☐Yes ☐ No

2. If employment is offered, can you produce personal identification such as a U.S. passport, a driver's license or photographic identification card issued by the State? ☐ Yes ☐ No

3. Are you over 18 years of age? ☐ Yes ☐ No Over 21? ☐ Yes ☐ No

4. Can you perform all the functions of the job you are applying for with or without a reasonable accommodation? ☐ Yes ☐ No If "Yes", please explain and describe what can be done to accommodate your limitations.

_____

_____

5. Have you been convicted of a felony within the last 5 years? ☐ Yes ☐ No
(An affirmative response will not automatically disqualify you from being considered as a candidate for employment.)
If "Yes", please explain. _____

_____

6. If you are applying for a position involving evening or weekend work, can you fulfill such scheduling requirements?
☐Yes ☐ No ☐ Not Applicable

7. Are you willing to work overtime as required? ☐ Yes ☐ No ☐ Not Applicable

APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application (and accompanying resume. if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying such information. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job In the event that I am hired.

I hereby agree to submit to any lawful drug, polygraph or integrity testing that may be required as a condition of employment or continued employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge.

I understand that my employment is terminable at-will, that I am not being employed for any specified time, and that this application is not intended to be a contract for continued employment.

I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S citizen status or, if aliens, their legal authorization to work In the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law.

Signature of Applicant _____ Date _____

EMPLOYMENT RECORD (For Office Use Only)

Interviewed by / date	Interviewed By / Date	Employment Status; (circle one)	
		Full-Time	Part-Time
Employment Date	Position/Title/Dept.	Temp.	Other
Supervisor	Social Security #	Date of Birth	

IN CASE OF EMERGENCY OR ACCIDENT, WHOM SHALL WE NOTIFY

Name _____

Home Address _____ Business Address _____

Home Telephone _____ Business Telephone _____

ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT HISTORY

(In responding to these inquiries continue on a separate sheet if you require additional space)

1. May we contact your present employer? ☐ Yes ☐ No Previous employer? ☐ Yes ☐ No
Please identify any exceptions and reasons for not contacting.

2. In order to permit a check of your work and education records, should we be made aware of any change of name or assumed name that you previously used? ☐ Yes ☐ No If 'Yes," identify name(s) and relevant dates.

3. Have you ever been dismissed or forced to resign from any employment ☐ Yes ☐ No If "Yes" please explain.

4. Except for vacations and holidays, how many work days were you absent during the past calendar year?
☐ 0-5 days ☐ 5-10 days ☐ 10-15 days ☐ 15-20 days ☐ 21 + days

During the prior year?
☐ 0-5 days ☐ 5-10 days ☐ 10-15 days ☐ 15-20 days ☐ 21 + days

Comments:

MILITARY EXPERIENCE

Have you ever served in the U.S. Armed Forces? ☐ Yes ☐ No
Describe any other job-related training received

OTHER SPECIAL SKILLS

Describe any other special job-related skill or qualifications (i.e., foreign languages, computers, professional associations, etc.) that would support your application.

REFERENCES: (List three (3) - Do not include relatives or former employers)

NAME	ADDRESS	PHONE NUMBER	HOW LONG KNOWN

NEW JERSEY FIRST ACT

RESIDENCY REQUIREMENT FOR NEW JERSEY PUBLIC EMPLOYMENT AT THE SOUTH JERSEY PORT CORPORATION

Pursuant to the "New Jersey First Act" (the "Act"), every person holding an office, employment or position at the South Jersey Port Corporation (the "Port") shall have his or her Principal Residence in the State of New Jersey.

Any offer of employment by the Port to a job applicant for an employment position at the Port is contingent upon the job applicant having a Principal Residence in New Jersey. Every employee must continue to have a Principal Residence in New Jersey during the time of his or her employment in order to continue employment with the Port. "Principal Residence" means the state (1) where the person spends the majority of his or her nonworking time and (2) which is most clearly the center of his or her domestic life and (3) the residence is designated as his or her legal address and legal residence for voting.

Job applicants who are offered a job position at the Port will be required to provide adequate documentation that their Principal Residence is in New Jersey. The Port may at its discretion from time to time require any employee or other person holding a position at the Port to provide adequate documentation that he or she continues to have a Principal Residence in New Jersey.

I HEREBY ACKNOWLEDGE THAT EMPLOYMENT AT THE PORT REQUIRES THAT I CURRENTLY HAVE AND CONTINUE TO MAINTAIN MY PRINCIPAL RESIDENCE IN THE STATE OF NEW JERSEY. I HEREBY REPRESENT TO THE PORT THAT MY PRINCIPAL RESIDENCE IS AT _____ [INSERT FULLL ADDRESS], THAT I SPEND THE MAJORITY OF MY NONWORKING TIME IN NEW JERSEY AND THAT NEW JERSEY IS THE CENTER OF MY DOMESTIC LIFE. I ACKNOWLEDGE THAT THE RESIDENCE LISTED ABOVE IS DESIGNATED AS MY LEGAL ADDRESS AND RESIDENCE FOR VOTING. I UNDERSTAND THAT IF THE INFORMATION I ACKNOWLEDGE HEREIN IS FALSE OR INACCURATE, THAT THE PORT MAY TERMINATE MY EMPLOYMENT OR WITHDRAW ANY OFFER OF EMPLOYMENT.

Applicant Name: (Please Print):_____

Applicant Signature: _____

Date:_____

FEDERAL MARITIME TRANSPORTATION SECURITY ACT

"TWIC CARD" REQUIREMENT

Pursuant to the federal "Maritime Transportation Security Act" (the "Act"), employees who have unescorted access to secure areas of the South Jersey Port Corporation (the "Port") in order to perform their job duties are required to have a Transportation Worker Identification Credential ("TWIC Card"). Employment at the Port is therefore contingent and conditioned on an employee possessing a valid TWIC Card.

TWIC Cards are issued by the federal Transportation Security Administration ("TSA"). The TSA has an enrollment process that must be satisfied before the TSA will issue a TWIC Card to any person. Any job applicant who is offered a job position by the Port will be required to satisfactorily complete the TSA's enrollment process and obtain a TWIC Card before starting work at the Port. The Port will withdraw any offer of employment if the job applicant is unable to obtain a TWIC Card from the TSA.

I HEREBY ACKNOWLEDGE THAT EMPLOYMENT AT THE PORT REQUIRES THAT THE TSA ISSUE A TWIC CARD AND THAT IF THE TSA DOES NOT ISSUE A TWIC CARD THAT THE PORT WILL IMMEDIATELY WITHDRAW ANY OFFER OF EMPLOYMENT THAT THE PORT MAY EXTEND TO ME. I UNDERSTAND THAT CONTINUED EMPLOYMENT WITH THE PORT REQUIRES THAT I REMAIN IN POSSESSION OF A VALID TWIC CARD AND THAT IF A TWIC CARD IS REVOKED OR IF I AM DISQUALIFIED FROM HOLDING A TWIC CARD THAT MY EMPLOYMENT AT THE PORT WILL BE TERMINATED IMMEDIATELY.

Applicant Name: (Please Print):_____

Applicant Signature: _____

Date:_____

PRE-HIRE ETHICS QUESTIONNAIRE

Instructions: Every applicant for a job with this agency is required to complete this form in order to screen for possible conflicts of interest under the State ethics' laws. Please fully provide the information requested in the space indicated.

Name of Applicant: _____ (Print)

Position Applied For: _____

Office Applied To: _____

1) Are you related to any employee or official employed with this agency, or serving on any board or commission associated with this agency? _____Yes ____No

If you checked "yes", please provide the following:

a) Name of the relative: _____

b) Relationship (spouse, parent, child, sibling, aunt, uncle, niece, nephew, first cousin, grandparent, grandchild, son-in-law, daughter-in-last, stepparent, stepchild, stepbrother, stepsister, halfbrother or halfsister): _____

c) Position held by the relative: _____

2) Are you currently employed with, or have you been employed with, in the last year,

any private sector entity, that does or did business with this agency? ____Yes ____No

If checked "Yes" provide name and address of private sector employer entity you worked for that does/did business with this agency: _____

3) Have you had any involvement on a specific work or business matter with this agency

in the last year? ____Yes ___No

If you checked "yes" please detail specific matter you worked on involving this

agency:

_____
_____

4) Do you currently have any second job, business or part-time public/private office that

is not otherwise disclosed on your job application with this agency? _____Yes ____No

If you checked "yes", please note the secondary activity, providing the name of the position held and entity you perform the activity:

_____
_____
_____

(Page 2- Pre-Hire Ethics Questionnaire)

5) Do you currently have a contractual relationship with any New Jersey State agency?

_____Yes ____No

If you checked "yes", please provide the nature of the contract and the name of the agency in which you have the contract:

_____

6) Are any members of your immediate family employed by a New Jersey casino or an applicant for a N.J. casino license? ____Yes ____No Immediate family means a spouse, child, parent or sibling residing in your household.

If answer is "yes", provide the information requested:

Family Relationship:_____

Name:_____

Name of Casino:_____

Certification:

I certify that the information I have provided above is truthful to the best of my knowledge. I understand that if I have intentionally falsified or omitted an important fact on this form which is discovered prior to, or after my acceptance of a job offer, my employment application may be rejected or I may be terminated from employment if I have already been hired.

Applicant Name: (Please Print):_____

Applicant Signature: _____

Date:_____

Copy To: Agency Ethics Liaison Officer