

HR Use Only	
ID:	_____
Department #	_____
Grant #	_____

**Contingent Employee**  
**(Formally Contract Worker)**

To begin the hiring process the Agreement must be completed and authorized by all parties prior to forwarding to the Human Resources Office.

**The following are additional instructions for New Employees Only:**

1. Complete the background and education check authorization form attached and submit to the human Resources office with the Contingent Agreement.
2. Complete an application at [jobs@njcu.edu](mailto:jobs@njcu.edu) in the Contingent Employee job opening. Notify Human Resources when the application has been completed so that we can send you information on how to process your payroll processing forms online.



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## CONTINGENT EMPLOYMENT AGREEMENT

**Department Name** \_\_\_\_\_ **Department #** \_\_\_\_\_

This Agreement for Employment is made on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by and between "New Jersey City University" and \_\_\_\_\_, (Employee).

1. Employment for the above employee shall commence on \_\_\_\_\_ (Date) and terminate on \_\_\_\_\_ (Date).
2. The specified duties and responsibilities shall be competently performed by the employee. (Attach Job Description)  
Job Title: \_\_\_\_\_
3. New Jersey City University shall make payment to the employee a set amount as compensation for services rendered.  
The employee agrees to accept the sum of \_\_\_\_\_ payable on (date) \_\_\_\_\_ in the amount of \_\_\_\_\_.
4. This contract of employment may terminate upon the occurrence of any of the following events: (a) the death of the employee; (b) the failure of the employee to perform his duties satisfactorily; (c) based upon non-performance of duties by the employee; (d) falsification of qualifications (education, experience or license to practice athletic training).
5. This agreement may not be assigned.
6. The employee shall not be eligible for any benefits other than statutory.
7. **New employees: Apply as a Contingent Employee at [jobs@njcu.edu](mailto:jobs@njcu.edu) in the Contingent Employee job opening, complete the background and education check authorization form attached and complete all payroll processing forms through our online onboarding system.**
8. Authorization by the following parties must be obtained prior to any payments received.

Employee Signature	Date
NJCU Department Head Signature	Date
Vice President	Date
Human Resources Director	Date



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## BACKGROUND CHECK INFORMATION

Applicant Name \_\_\_\_\_

(On Driver's License/ID) Last First Middle Suffix \_\_\_\_\_

Date of Birth\* (MM/DD/YYYY) \_\_\_\_\_

Driver's License (DL) State \_\_\_\_\_ DL No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Current Physical Address (NOT P.O. Box)

\_\_\_\_\_ Apt \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Education History (highest level or most relevant to position applied for)

School Name: \_\_\_\_\_ Did you graduate? Yes No GED

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Degree \_\_\_\_\_ Major \_\_\_\_\_

Name Used During Attendance \_\_\_\_\_

Attendance Date: \_\_\_\_\_ Graduation/GED Date \_\_\_\_\_

I certify that the answers given in this application for employment are true and complete. I understand that any false information, misleading information or omission of information may result in rejection of my application or, if I am hired, may be cause for immediate termination. If hired, I understand that I am bound by and required to abide by all of the rules and regulations of New Jersey City University.

I authorize New Jersey City University to investigate and make inquiries regarding my references, employment records and other matters related to my suitability for employment. I authorize persons, educational institutions, employers and organizations to provide any relevant information regarding suitability for employment at New Jersey City University. I hereby release New Jersey City University and all affiliated persons and entities, as well as any person or institution that provides New Jersey City University with any information about me, from any and all liability whatsoever resulting from any such inquiry, investigation or communication.

By signing below, I acknowledge that I have read and understood and agreed to the above statements.

Applicant Signature Date \_\_\_\_\_ Date \_\_\_\_\_

*\*This employment application or other aspects of the employment process is not an offer of employment nor is it an employment contract. An offer of employment shall only be given in writing in a separate communication, signed by an authorized hiring representative of New Jersey City University.*

The Office of Human Resources, New Jersey City University | 2039 Kennedy Boulevard | Jersey City, New Jersey 07305

REVISED 4/2025