



Application For Employment

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

P E R S O N A L	Last Name		First	Middle	Date
	Street Address				Home Phone ()
	City, State, Zip				Business Phone ()
	Have you ever applied for employment with us?				Social Security No.
	Yes	No	If Yes: Month and Year _____		Department _____
	Position Desired				Pay Expected
	Apart from absence for religious observance, are you available for full-time work?				Are you available to work Weekends/Evenings?
	Yes	No	If No, what hours can you work?		Yes No
	Are you legally eligible for employment in the United States?				When will you be able to begin working?
	Other special training or skills (CPR, 1st Aid, CDL)				Can you attend bi-monthly staff meetings?
How did you learn of our organization?					
Do you have any special hobbies?					

EDUCATION	Name and Location of School	Course of Study	No. of Years Completed	Did you graduate?	Degree or Diploma
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Membership in professional or civic organizations

(exclude those which may disclose your race, color, religion or national origin)

Office Use Only

admin clinical day cbs rec residential WREE intern volunteer

Employment History

Please give accurate, complete full-time and part-time employment records. Start with present or most recent employer.

1 Company Name	Telephone ()
Address	Employed (State Month and Year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work:	Reason for Leaving:

2 Company Name	Telephone ()
Address	Employed (State Month and Year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work:	Reason for Leaving:

3 Company Name	Telephone ()
Address	Employed (State Month and Year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work:	Reason for Leaving:

4 Company Name	Telephone ()
Address	Employed (State Month and Year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work:	Reason for Leaving:

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT

Employer Name: _____ Employer Number: _____

Reason: _____

Military Complete this section if you served in the U.S. Armed Forces

Branch of Service	Period of Active Duty (Month & Year)
Prospective employees will receive consideration without discrimination because of race	From To
Describe your duties and any special training	Rank at Discharge
	Date of Final Discharge
	Did you receive an Honorable Discharge? Yes No

The following information is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national region. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types of discrimination based on upon ancestry, marital status or physical or mental handicap or disability.

Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Driver's License Number:
What was your previous address?	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
How long have you lived at your present address? _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
How long did you live at your previous address? _____	Date of Birth / /
Emergency Contact: _____	Emergency Contact Relationship: _____
Emergency Contact Phone: ()	
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of minimum legal age.	State names of relatives and friends working for us other than your spouse.
Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, with what employer?	1. 2. 3. 4.
Have you ever been convicted of a crime? If Yes, please describe in detail:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever received Workmen's Compensation or Disability Income payments? If Yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you physical defects which preclude you from performing certain jobs? If Yes, describe limitations:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you be willing to drive a fifteen-passenger van?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you be willing to submit to a medical examination including Mantoux skin test? (Above is mandated by the NJ Division of Developmental Disabilities)	<input type="checkbox"/> Yes <input type="checkbox"/> No

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Signature

Date