





**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 _____
	Rank at Discharge
	Date of Final Discharge
	Did you receive an Honorable Discharge? Yes _____ No _____
Describe your duties and any special training	

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