



215 W. White Horse Pike, Berlin NJ 08009

## APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

I certify that the information given in this application is true

<b>Name</b>	Last, First, Middle Name		<b>Email</b>		<b>Date</b>	
<b>Address</b>				<b>Referred By</b>		
<b>City, State, Zip</b>						
<b>Home Phone:</b>			<b>Cell Phone:</b>			
<b>Employment Desired</b>	Circle One: Full Time / Part Time / Substitute					
<b>Position Applied For</b>						
<b>Are You Currently Employed?</b>	If Yes Where? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Do You Have Reliable Transportation?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you possess valid NJ Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No Other State _____						
<b>What Professional License Do You Have?</b>	<input type="checkbox"/> CNA <input type="checkbox"/> CHHA <input type="checkbox"/> LPN <b>OTHER:</b> _____					
<b>License / Certification Number</b>	1.	2.	3.			
<b>State of License</b>	1.	2.	3.			
<b>Language(s) Spoken</b>						
<b><u>Education Information</u></b>						
<b>Education</b>	<b>Name and Location of School</b>		<b>Course of Study and Years Completed</b>		<b>Diploma and Date</b>	
<b>High School</b>						
<b>Business, Trade, Technical</b>						
<b>College</b>						
<b>Graduate</b>						



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<b>List in Order of Employment Starting with Present Employer</b>			
Employer:	<b>Dates Employed</b>		Work Performed:
	From	To	
Address:			
Telephone Number(s):			
Job Title:	<b>Hourly Rate/Salary</b>		
	Starting / Final		
Supervisor:			
Reason for Leaving:			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	<b>Dates Employed</b>		Work Performed:
	From	To	
Address:			
Telephone Number(s):			
Job Title:	<b>Hourly Rate/Salary</b>		
	Starting / Final		
Supervisor:			
Reason for Leaving:			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	<b>Dates Employed</b>		Work Performed:
	From	To	
Address:			
Telephone Number(s):			
Job Title:	<b>Hourly Rate/Salary</b>		
	Starting / Final		
Supervisor:			
Reason for Leaving:			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: Include explanation of any gaps in employment:



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Do you have any physical problems, conditions or limitations that prevent you from performing any work for which you are being considered? Yes / No

If Yes, explain in detail: \_\_\_\_\_

Have you ever been disciplined or fired? Yes \_\_\_ No \_\_\_

If Yes, explain?

\_\_\_\_\_  
 \_\_\_\_\_

Have you ever been convicted of a Crime? Yes \_\_\_ No \_\_\_

If Yes, explain?

\_\_\_\_\_  
 \_\_\_\_\_

Have you ever been adjudged civilly or criminally liable for abuse of a developmentally disabled person?

Yes \_\_\_ No \_\_\_

If Yes, explain? \_\_\_\_\_

\_\_\_\_\_

Have you ever submitted an application with us before?

If Yes, give date: \_\_\_\_\_ Yes \_\_\_ No \_\_\_

Have you ever been employed with us before?

If Yes, give date: \_\_\_\_\_ Yes \_\_\_ No \_\_\_

Do any of your friends or relatives, other than spouse, work here? Yes \_\_\_ No \_\_\_

If Yes, state name, relationship: \_\_\_\_\_

Date available for work: \_\_\_ / \_\_\_ / \_\_\_ What is your desired salary range? \_\_\_\_\_

Availability	Days (Please Check Off)	Evenings (Please Check Off)	Nights (Please Check Off)
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Max. # Of hrs you want to work per week \_\_\_\_\_

Minimum # of hrs. you want to work per week \_\_\_\_\_



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Managerial Experience:

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Certification/Specialized Training	Provided By	Length of Training & Date(s)
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Please explain any additional qualifications, education or training:

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Do you have certificates or written documentation, if any, for the above? \_\_\_ Yes \_\_\_ No

Do you have any outside interest or hobbies that would be beneficial in performing the position in which you are seeking?

Please List \_\_\_\_\_

Please list professional, trade, business or civic activities and offices held. \_\_\_\_\_

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I Authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for dismissal.



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**APPLICATION STATEMENT**

I certify that the information provided on this Application for Employment and resume, if any, is true and complete. I understand that any misstatement, falsified information, significant omission or misrepresentation provided by me is grounds for refusal to hire, or if hired, immediate discharge from service, whenever it is discovered.

I authorize The Arc of Camden County to investigate all statements and information contained in this application (and accompanying resume, if any), to make inquiries as may be necessary in arriving at an employment decision, and conduct a criminal history check, if applicable. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.

I understand that this application does not constitute an agreement or contract for employment for any specified period of definite duration. If employed by The Arc of Camden County, my employment will be for no set period of time and I am free to resign at any time with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. Nothing shall change the at-will status of my employment other than a written agreement signed by me expressly changing the employment at will status. Also, if employed, I will be required to abide by all the rules and regulations of The Arc of Camden County.

I understand that if I am hired, I will be required to proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form with this regard.

**I further understand that all hiring commitments are conditional based upon satisfactorily meeting requirements through a pre-employment physical exam. A valid offer of employment can only be made by a letter signed by the Manager of Human Resources or the Executive Director.**

I certify that I have read, fully understand and accept all the terms of the foregoing Application Statement.

Signature:

Date: