



Application for Employment

The Arc is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

Date of application: _____

Position(s) applied for: _____ Full Time Part Time

Referral source:

- www.arcatlantic.org
- Newspaper ad
- Radio ad
- Walk-in

- Other Internet site: _____
- Employment agency: _____
- Referred by a friend: _____
- Referred by a relative: _____

List any relatives that are currently employed by The Arc of Atlantic County and your relationship to them:

Have you filed an application here before? Yes No If yes, give date _____

Are you employed now? Yes No May we contact your present employer? Yes No

Name : _____
Last First Middle

Address: _____
Number Street City State Zip Code

Home Phone () _____ Mobile Phone () _____

Email: _____

Are you at least 18 years of age? Yes No

Do you possess a valid, NJ driver's license? (not probational or provisional) Yes No Exp. Date _____

EDUCATIONAL BACKGROUND:

A. List last three (3) schools attended, including high school: B. List number of years completed; C. Indicate degree, diploma earned, if any; Proof of degree/diploma/GED required.

A. NAME OF SCHOOL	B. NO. YEARS COMPLETED	C. DEGREE SOUGHT	GRADUATED?
HIGH SCHOOL:			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

REFERENCES:

List name and telephone number of three business/ work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

NAME	TELEPHONE	YEARS KNOWN
	() -	
	() -	
	() -	

EMPLOYMENT HISTORY:

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

EMPLOYER TELEPHONE ()	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities.
ADDRESS	START DATE	END DATE	
JOB TITLE	HOURLY RATE / SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE	\$	PER	
REASON FOR LEAVING	HOURLY RATE FINAL		
MAY WE CONTACT FOR REFERENCES? ___ YES ___ NO ___ LATER	\$	PER	
EMPLOYER TELEPHONE ()	DATES EMPLOYED		
ADDRESS	START DATE	END DATE	
JOB TITLE	HOURLY RATE / SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE	\$	PER	
REASON FOR LEAVING	HOURLY RATE FINAL		
MAY WE CONTACT FOR REFERENCES? ___ YES ___ NO ___ LATER	\$	PER	
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IMMEDIATE SUPERVISOR AND TITLE	\$	PER	
REASON FOR LEAVING	HOURLY RATE FINAL		
MAY WE CONTACT FOR REFERENCES? ___ YES ___ NO ___ LATER	\$	PER	

Comments (including explanation of any gaps in employment)

OTHER INFORMATION:

Last 4 numbers of your Social Security Number: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
(Proof of citizenship or immigration status is required upon employment)

Have you ever pled "guilty" or "no contest" to, or been convicted of a Crime? Yes No

If Yes, please provide date(s) and details _____

(answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness, and nature of the violation, rehabilitation, and position applied for will be taken into account.)

AGREEMENTS:

This serves as notice that The Arc of Atlantic County requires results of a satisfactory drug and alcohol screening test during new hire orientation. Tests will be performed on a random basis and will be conducted at a local medical site. Signing below indicates the acknowledgement and agreement to this policy.

Some positions require completion of a confidential survey prior to consideration for a position. This survey is used as a tool and results will be used when determining if an applicant will continue to the interview process.

I give the Agency the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Agency and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. It is understood and agreed that any misrepresentation by any in the application will be sufficient cause for cancellation of this application and/or termination from the company's service if I have been employed.

The Agency is an equal opportunity employer. The Agency does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only (180) days. At the conclusion of this time, if I have not heard from the Agency, and still wish to be considered for employment, it is necessary for me to fill out a new application.

By signing below, I understand and agree that The Arc of Atlantic County makes no representation that employment with the Agency is a guarantee of continued employment. I further understand that my employment will be on an at-will basis, and that neither I, nor the company, or its representatives have entered into a contract regarding the duration of my employment. Both The Arc and I are free to terminate my employment with The Arc of Atlantic County at any time, with or without cause or advanced notice. I further understand that no representative of the Agency has the authority to make or imply any assurances to the contrary.

Signature of Applicant: _____

Date: _____

Print Name: _____