

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 ()	Start Date:	Summarize the nature of the work performed and job responsibilities.
ADDRESS			
JOB TITLE		End Date:	
IMMEDIATE SUPERVISOR AND TITLE			
REASON FOR LEAVING			
MAY WE CONTACT FOR REFERENCES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
EMPLOYER	TELEPHONE ()	Start Date:	Summarize the nature of the work performed and job responsibilities.
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MAY WE CONTACT FOR REFERENCES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			

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)

As this agency serves people with developmental and intellectual disabilities, The State of NJ Department of Human Services requires employees to submit to fingerprinting and a Child Abuse Record Information (CARI) check.

Have you ever been civilly or criminally liable of a crime against a person with a developmental/intellectual disability in the state of NJ? Yes No

Have you ever pled “guilty” or “no contest” to, or been convicted of a crime? Yes No
(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 prior to beginning employment. Thereafter, tests will be performed on a random basis and will be conducted at a local medical site. Under the State of NJ Department of Health regulations, positive results for any controlled substance, illegal drug, may preclude you from employment consideration and/or may result in immediate termination of employment. Signing below indicates the acknowledgement of this policy.

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 (90) 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: _____