

## The Arc of Atlantic County 6550 Delilah Road, Suite 101, Egg Harbor Twp., NJ 08234 Phone: (609) 485-0800 Human Resources Fax: (609) 646-1369 https://thearcatlantic.org

# **Application for Employment**

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

Date of application:			
Position(s) applied for:		🗌 Full Tir	ne 🗌 Part Time
Referral source:			
https://thearcatlantic.org	Other Intern	et site:	
Newspaper ad			
Radio ad			
☐ Walk-in			
List any relatives that are currently employed by The Arc o	f Atlantic County a	nd your relations	hip to them:
Have you filed an application here before? 🗌 Yes 🗌 No	lf yes, g	ive date	
Are you employed now? 🗌 Yes 🗌 No	May we contact y	our present empl	oyer? 🗌 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			
<b>Do you possess a valid, NJ driver's license? (not provisional</b> Do you have 5 or less points on your driving record?	)	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; <u>Proof of degree/diploma/GED required</u>.

A. NAME OF SCHOOL	B. NO. YEARS COMPLETED	C. DEGREE SOUGHT	GRADUATED?
HIGH SCHOOL/GED:			Yes 🗌 No 🗌
OTHER:			Yes 🗌 No 🗌
			Yes 🗌 No 🗌

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

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

## **EMPLOYMENT HISTORY:**

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

EMPLOYER	TELEPHONE	Start Date:	Summarize the nature of the work
ADDRESS	( )		performed and job responsibilities.
ADDRESS			
JOB TITLE		End Date:	
IMMEDIATE SUPERVISOR AND TITLE			
REASON FOR LEAVING			
MAY WE CONTACT FOR REFERNCES? Y	'ESNOLATER		
EMPLOYER	TELEPHONE	Start Date:	Summarize the nature of the work
ADDRESS	( )		performed and job responsibilities.
ADDICESS			
JOB TITLE		End Date:	
IMMEDIATE SUPERVISOR AND TITLE			
REASON FOR LEAVING			
MAY WE CONTACT FOR REFERNCES? Y	'ES NO LATER		
EMPLOYER	TELEPHONE	Start Date:	Summarize the nature of the work
	( )		performed and job responsibilities.
ADDRESS			
ADDRESS JOB TITLE		End Date:	
		End Date:	
		End Date:	
JOB TITLE IMMEDIATE SUPERVISOR AND TITLE		End Date:	
JOB TITLE		End Date:	
JOB TITLE  IMMEDIATE SUPERVISOR AND TITLE  REASON FOR LEAVING		End Date:	
JOB TITLE  IMMEDIATE SUPERVISOR AND TITLE  REASON FOR LEAVING	ES NOLATER	End Date:	
JOB TITLE  IMMEDIATE SUPERVISOR AND TITLE  REASON FOR LEAVING	TELEPHONE	End Date:	Summarize the nature of the work
JOB TITLE  IMMEDIATE SUPERVISOR AND TITLE  REASON FOR LEAVING  MAY WE CONTACT FOR REFERNCES?Y EMPLOYER			Summarize the nature of the work performed and job responsibilities.
JOB TITLE  IMMEDIATE SUPERVISOR AND TITLE  REASON FOR LEAVING  MAY WE CONTACT FOR REFERNCES?	TELEPHONE		
JOB TITLE  IMMEDIATE SUPERVISOR AND TITLE  REASON FOR LEAVING  MAY WE CONTACT FOR REFERNCES?Y EMPLOYER	TELEPHONE	Start Date:	
JOB TITLE  IMMEDIATE SUPERVISOR AND TITLE  REASON FOR LEAVING  MAY WE CONTACT FOR REFERNCES?Y  EMPLOYER  ADDRESS	TELEPHONE		
JOB TITLE  IMMEDIATE SUPERVISOR AND TITLE  REASON FOR LEAVING  MAY WE CONTACT FOR REFERNCES?Y  EMPLOYER  ADDRESS	TELEPHONE	Start Date:	
JOB TITLE  IMMEDIATE SUPERVISOR AND TITLE  REASON FOR LEAVING  MAY WE CONTACT FOR REFERNCES?Y  EMPLOYER  ADDRESS  JOB TITLE  IMMEDIATE SUPERVISOR AND TITLE	TELEPHONE	Start Date:	
JOB TITLE  IMMEDIATE SUPERVISOR AND TITLE  REASON FOR LEAVING  MAY WE CONTACT FOR REFERNCES?Y  EMPLOYER  ADDRESS  JOB TITLE	TELEPHONE	Start Date:	
JOB TITLE  IMMEDIATE SUPERVISOR AND TITLE  REASON FOR LEAVING  MAY WE CONTACT FOR REFERNCES?Y  EMPLOYER  ADDRESS  JOB TITLE  IMMEDIATE SUPERVISOR AND TITLE  REASON FOR LEAVING	TELEPHONE	Start Date:	

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?

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? (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: \_\_\_\_\_