

North Jersey Elks Developmental Disabilities Agency

1481 Main Avenue
Clifton, NJ 07011
973-772-2600 – Phone
973-772-5171 – Fax

15 Union Avenue
Clifton, NJ 07011
973-772-2600 – Phone
973-772-3775 – Fax

600 Route 46 West
Clifton, NJ 07015
973-772-2600 – Phone
973-478-9472 – Fax

APPLICATION FOR EMPLOYMENT

Please print or type.

Position Applied for: _____ Date of Application: _____

Referral Source: Advertisement Employee Relative Walk-in

Name of Source (if applicable): _____

Name: _____
(Last name) (First name) (Middle)

Address: _____
(Street) (City) (State) (Zip Code)

Telephone Number (_____) _____ Social Security Number: _____

If necessary, the best time to call you at home is: ____/____/____

May we contact you at work? Yes No

If yes, give your work number and the best time to call: _____ time _____

Have you filed an application here before? Yes No

If yes, give date: ____/____/____

Have you ever been employed here before? Yes No

If yes, give date: From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country? Yes No

Proof of U.S. Citizenship or immigration status will be required upon employment.

Date available for work..... ____/____/____

Type of employment desired Full-Time Part-Time Temporary

Have you been convicted of a felony in the last seven (7) years? Yes No

(Such conviction may be relevant if job related, but does not bar you from employment.)

If yes, please explain: _____

AN EQUAL OPPORTUNITY EMPLOYER

Educational Background:

Please print or type.

School (Name)	City/State	Years/Completed	Degree/ Diploma	GPA/ Class Rank	Major

List any foreign Language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

References: List the name and telephone number of three business/work references who are not related to you and are not previous supervisor. If this is not applicable, list three school or personal references that are not related to you.

Name	Address (City/State)	Telephone Number	Years Known

List professional, trade, business, or civic associations and any other offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status).

Organization	Offices Held

List special accomplishments, publications, awards (exclude information which would reveal sex, race, religion, National origin, age, color, disability or other protected status).

List any additional information you would like us to consider:

Employment History: List your last three (3) employers, assignments, or volunteer activities starting with the most recent. Explain any gaps in employment in the comments section below.

Please print neatly:

Employer	Telephone	Dates Employed		Summarize the nature of the work performed and the job responsibilities:
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor & Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		\$	Per	
Employer	Telephone	Dates Employed		Summarize the nature of the work performed and the job responsibilities:
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor & Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		\$	Per	
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Immediate Supervisor & Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		\$	Per	

Comments (including explanation of any gaps in employment):

Skills and Qualifications – Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position, which you are applying:

Employee At-Will Statement

Please read carefully:

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the North Jersey Elks Developmental Disabilities Agency's service if I have been employed. All information provided will be verified.

I give the North Jersey Elks Developmental Disabilities Agency the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the North Jersey Elks Developmental Disabilities Agency and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

The North Jersey Elks Developmental Disabilities Agency is an Equal Opportunity Employer. The North Jersey Elks Developmental Disabilities Agency does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law. The North Jersey Elks Developmental Disabilities Agency does not discriminate in hiring on the basis of race, creed, color, sex, national origin, ancestry, age, or handicap.

I understand it is the North Jersey Elks Developmental Disabilities Agency's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the North Jersey Elks Developmental Disabilities Agency and still wish to be considered for employment, it will be necessary to fill out a new application.

In consideration of my employment, I agree to conform to the rules and regulations of the North Jersey Elks Developmental Disabilities Agency and further agree that my employment and compensation can be terminated with or without cause or Notice at the option of either the North Jersey Elks Developmental Disabilities Agency or myself (subject to contract provisions).

All final candidates for employment must be finger printed for a criminal history background check prior to the start of employment. Pursuant to New Jersey Statutes 18A: 6-7.1 et seq., all employees of a public school district or of an agent contracted by that district, who have regular contact with pupils must submit to a criminal history background check. This law is effective for all employees hired or contracted by the agency.

Signature of Applicant: _____ Date: _____