

APPLICATION FOR EMPLOYMENT

Please note that if you are employed the application will remain in Neighbours Inc. file as a permanent record

PERSONAL INFORMATION

Name Social Security Number

Last First Middle

Present Address Phone Number

Number and Street City/Town State Zip Code ()
Area Phone Code

Background

YES NO
Are you a US citizen or someone who is authorized to work in the USA?

YES NO
Are you 18 yrs or older?

YES NO
Have you ever been charged with a criminal offense?

If yes, please explain.

YES NO
Have you ever been adjudged civilly or criminally liable for abuse of a developmentally disabled person receiving services from the Department or placed in a community residence?

If yes, please explain.

EMPLOYMENT INFORMATION

Position

Full Time Part Time Temporary

What position are you applying for?
(e.g. Personal Assistant, Employment Coach, Consultant, etc.)

If this is a position supporting a specific person, please name the person.

How did you hear about us?

Previous Employment

YES NO
Have you ever applied for a job with Neighbours Inc. before?

YES NO
Have you ever been hired by Neighbours Inc. before?

If yes: Position held

Start Date

End Date

Availability

What date are you available to start work?

YES NO
Are you available for shift work?

YES NO
Are you available for weekend work?

EDUCATION

High School

Name of School Address City/Town State Zip Code

1 2 3 4

Please circle the year that you completed

Date that you graduated

College or University

Name of School Address City/Town State Zip Code

1 2 3 4

Please circle the year that you completed

Date that you graduated

Type of Degree

Major/Concentration

Your Pitch

In the space below briefly let us know why you are applying for this job. Help us to know why you feel you would be the best choice. Include anything that you think would help us to make a decision.

Be sure to include any particular skills, talents, abilities, and gifts which you think could be of benefit to the person for whom you may be working.

Drivers License

YES NO

Do you possess a valid driver's license?

Please provide the name of the state that issued the license

EMPLOYMENT HISTORY - Please start with most recent

Name of Employer	Type of Business	Contact Person	Phone Number
Your Job Title		Your Duties	
Start Date mm/yr	End Date mm/yr		

Name of Employer	Type of Business	Contact Person	Phone Number
Your Job Title		Your Duties	
Start Date mm/yr	End Date mm/yr		

Name of Employer	Type of Business	Contact Person	Phone Number
Your Job Title		Your Duties	
Start Date mm/yr	End Date mm/yr		

Name of Employer	Type of Business	Contact Person	Phone Number
Your Job Title		Your Duties	
Start Date mm/yr	End Date mm/yr		

I certify that I have answered each of the questions on this application form honestly and without reservation. I authorize Neighbours Inc. to contact any of my previous employers, except as noted, as well as any other reference source in order to verify the facts and information that I have provided regarding my qualifications and character. I hereby release any such employer or person from any and all liability. As a condition of employment I consent to a medical examination and controlled substance screening test and understand that the findings of the medical examination and a positive result for alcohol and controlled substances will be considered in making the final employment decision. I further consent to a criminal background screening and a driver's record check if required for the person for which I am applying. I understand that any misleading or incorrect statements that I have made will render this application void and if employed, it may be cause for termination of my employment.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause.

By signing below, I assert that I have not been adjudged civilly or criminally liable for abuse of a developmentally disabled person receiving services from the Department of Human Services or placed in a community residence regulated by NJAC 10:44A.

Applicants signature	Date
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