



Employment Application Form

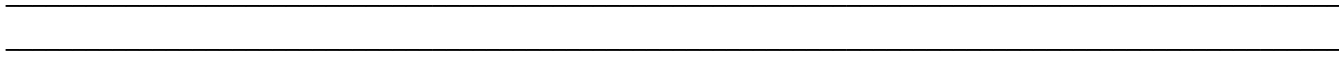
PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE	Please mail completed application to: 3 MARY WAY HAINESPORT, NJ 08036	OFFICE USE ONLY: Date received: Reviewed by:
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DATE _____			
Name			
Last	First	Middle	Maiden
Present address			
Number	Street	City	State Zip
How long at current address _____		Social Security No. _____ - _____ - _____	
Telephone (____)			
Are you under age 18 ____YES ____NO, if "YES", can you provide proof of your eligibility to work? ____YES ____NO			
Are you currently authorized to work in the United States? ____YES ____NO. Proof of eligibility will be required if hired.			
Position applied for (1) and wage desired (2) (Be specific)		Days/hours available to work	
		No Pref	Thur
		Mon	Fri
		Tue	Sat
		Wed	Sun
How many hours can you work weekly?			
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME			
When are you available to start work? _____			

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Have you ever been convicted of a crime which is substantially related to the functions or qualifications of the job for which you are applying? No Yes A Conviction record will not necessarily disqualify you from employment.

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.



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DO YOU HAVE A DRIVER'S LICENSE? Yes No (Please provide copy of Driver's License)

What is your means of transportation to work?

Driver's license

number

State of issue _____

Operator

Commercial (CDL)

Chauffeur

Expiration date

Have you had any accidents during the past three years?

How many?

Have you had any moving violations during the past three years?

How Many?

OFFICE
POSITIONS ONLY

Typing Yes
 No _____ WPM

10-key Yes
 No

Word Processing Yes
 No _____ WPM

Personal Computer Yes PC

Other

No Mac

Skills

Please list two references other than relatives.

Name

Name

Position

Position

Company

Company

Address

Address

Telephone (____)

Telephone (____)

Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience, and other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty

Date Entered

Discharge Date

Work Experience Please list your work experience for the **past seven years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No If not, who did? _____

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied ____ Yes ____ No. if you answered "No", please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe:
