

# The Arc of Monmouth

## APPLICATION FOR EMPLOYMENT

The Arc of Monmouth is an equal opportunity employer and will not discriminate on the basis of race, creed, religion, color, national origin, ancestry, age, sex, affectional or sexual orientation, marital status, atypical hereditary, cellular or blood trait, disability (including AIDS and HIV infection) and liability for service in the United States Armed Forces or any other legally protected status. The Arc of Monmouth will make a reasonable accommodation to known physical or mental limitations of a qualified applicant or employee with a disability unless the accommodation would impose an undue hardship on the operation of its business.

The Arc of Monmouth's mission is to improve the lives of persons with intellectual and developmental disabilities and their families. If you are positive, trustworthy, kind, conscientious, respectful and can be committed to our mission, we invite you to complete this application for employment.

### PERSONAL INFORMATION

(PLEASE PRINT CLEARLY)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
No. Street City State Zip

Home Phone No. (\_\_\_\_) \_\_\_\_\_ Cell Phone No. (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

- Are you legally eligible for employment in the U.S.A.? \_\_\_\_yes \_\_\_\_no If yes, verification will be required. If you answer "yes" you must complete the I-9 form required by the U.S. Immigration and Naturalization Service no later than three (3) business days after your date of hire.
- Are you of the legal age to work? \_\_\_\_\_ (If under 18, do you have a current valid work permit?) \_\_\_\_\_
- Position(s) applied for: \_\_\_\_\_
- Have you ever applied for employment with this agency? \_\_\_\_\_ If yes, when? \_\_\_\_\_
- Are there any other job-related experiences, skills or qualifications, including training in the U.S. Armed Forces, which will be relevant in the job for which you are applying (Do not list any information which may indicate your age, race, color, sex, national origin, ancestry, marital status or disability.) \_\_\_\_\_  
\_\_\_\_\_
- Have you ever been convicted of, or pled guilty to, a crime, felony, misdemeanor, or other offense, excluding a traffic violation which has not been annulled or sealed by a court? \_\_\_\_ yes \_\_\_\_ no (A conviction will not necessarily be a bar to employment. Please describe the nature of the conviction, the date of the conviction and your rehabilitation since your conviction.) \_\_\_\_\_  
\_\_\_\_\_
- You have been given a written job description listing the essential job functions of the position(s) for which you have applied. Please review the job description(s) and answer the following question. Are you able to perform the essential job functions listed for each position for which you have applied with or without a reasonable accommodation? \_\_\_\_ yes \_\_\_\_ no
- Do you have a valid New Jersey's driver license? \_\_\_\_\_
- What is your driving record (e.g., Number of points, accidents, summonses)? \_\_\_\_\_  
\_\_\_\_\_
- How did you learn about The Arc of Monmouth? \_\_\_\_\_

## RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate?	List Diploma or Degree
High School	Name: _____ Address: _____ _____ City: _____ ST _____ ZIP _____		1	2	3	4	Yes  No	
College	Name: _____ Address: _____ _____ City: _____ ST _____ ZIP _____		1	2	3	4	Yes  No	
Other (Specify)	Name: _____ Address: _____ _____ City: _____ ST _____ ZIP _____		1	2	3	4	Yes  No	

### *Personal References (Not Relatives)*

Name: _____	Occupation: _____
Address: _____	
City: _____	State: _____ Zip: _____ Phone: (____) _____
Name: _____	Occupation: _____
Address: _____	
City: _____	State: _____ Zip: _____ Phone: (____) _____

List below present and past employment, beginning with your most recent

I

Name and Address of Company	From Mo. Yr.	To Mo. Yr.	[REDACTED]	Reason for Leaving	Name of Supervisor
Name: _____			[REDACTED]		
Address: _____	Position and job duties:				
City: _____ ST _____ ZIP _____					
Telephone: (____) _____					

II

Name and Address of Company	From Mo. Yr.	To Mo. Yr.	[REDACTED]	Reason for Leaving	Name of Supervisor
Name: _____			[REDACTED]		
Address: _____	Position and job duties:				
City: _____ ST _____ ZIP _____					
Telephone: (____) _____					

III

Name and Address of Company	From Mo. Yr.	To Mo. Yr.	[REDACTED]	Reason for Leaving	Name of Supervisor
Name: _____			[REDACTED]		
Address: _____	Position and job duties:				
City: _____ ST _____ ZIP _____					
Telephone: (____) _____					

IV

Name and Address of Company	From Mo. Yr.	To Mo. Yr.	[REDACTED]	Reason for Leaving	Name of Supervisor
Name: _____			[REDACTED]		
Address: _____	Position and job duties:				
City: _____ ST _____ ZIP _____					
Telephone: (____) _____					

May we contact your present employer at this time? \_\_\_\_yes \_\_\_\_no.

May we contact your present employer if an offer of employment is made? \_\_\_\_yes \_\_\_\_no.

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s). \_\_\_\_\_

I hereby give permission to contact the employers listed above concerning my prior work experience. I hereby authorize all persons, schools, employers, companies, law enforcement agencies and other organizations to supply information concerning my background. I further agree to release all such parties from all liability and responsibility arising from their doing so. In addition, I release The Arc of Monmouth from all liability in investigating my employment record and relying on the results of that investigation.

Signed \_\_\_\_\_

**PLEASE READ AND SIGN BELOW**

The facts set forth in my application for employment are true and complete. I understand that if employed, any FALSE STATEMENT OR OMISSION OF FACTS REQUESTED ON THIS APPLICATION OR ANY SUBSEQUENT INTERVIEW WILL BE CAUSE FOR REJECTION OF THE APPLICATION OR DISMISSAL AFTER EMPLOYMENT.

I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that, if employed, my employment will be at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one has the authority to enter into any agreement for employment for any specified period of time, to make any agreement contrary to the foregoing, or to vary the terms and conditions of my employment, except for an officer of the agency and then only in writing signed by the officer.

If employed, I understand I will have to complete an introductory period of employment. As an employee, I AGREE TO ABIDE BY ALL THE ARC OF MONMOUTH RULES AND REGULATIONS AT ALL TIMES.

*The Arc of Monmouth is an Equal Opportunity/Affirmative Action Employer*

\_\_\_\_\_  
Signature of Applicant

FOR OFFICE USE ONLY	
Possible Work Locations	Possible Positions

FOR OFFICE USE ONLY	
Work Location _____	Rate _____
Position _____	Date _____

# The Arc of Monmouth

## Information and Authorization for Criminal Background Checking

As you know, your work with The Arc of Monmouth carries a great deal of responsibility. Whether you will be working in an administrative capacity, working directly with the people we serve, or both, the impact you have on the Agency's operation is significant.

As such, you are advised that the Agency requires that a background check, which provides information contained in a criminal history, be performed on all prospective employees and volunteers who may have contact with individuals with intellectual and developmental disabilities. This information will be maintained with the highest levels of confidentiality; access is restricted to you, your Department Head, Executive Staff, and the Director of Human Resources.

Please be advised that your offer of employment, and/or offer of volunteer work, is contingent upon our receipt of the criminal history information included in the background check. Should the criminal history check reveal information which is, in Arc's judgement, contrary to standards which can be reasonably expected of a person holding your position, the Agency reserves the right to deny your application for employment or volunteer position. You will be notified in writing if there is any adverse information provided to us in the criminal background screening. In the case of employment, you will have thirty (30) days to pursue a formal appeal, in writing, of the denial of employment.

Should you be interested in reviewing your completed background check, please send your request, in writing, to the Director of Human Resources and a copy of the report will be forwarded to you. If you have any questions regarding your criminal background check, contact the Director of Human Resources.

**Please read and sign this authorization and the attached INFORMATION FOR OBTAINING CRIMINAL BACKGROUND form and return them to the Personnel Recruiter.**

I hereby authorize The Arc of Monmouth and its affiliated entities to obtain consumer reports and/or investigative consumer reports in connection with my application for employment or volunteer position with The Arc of Monmouth. I authorize all former employers, listed references, law enforcement agencies and courts to release to The Arc of Monmouth and/or their representatives information pertaining to me. By providing this authorization, I hereby release The Arc of Monmouth, its affiliated entities, employees and agents from all liability for requesting and/or acting based on any such report and release all other parties from liability for furnishing such information.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

# The Arc of Monmouth

## INFORMATION FOR OBTAINING CRIMINAL BACKGROUND CHECK

The following information is being requested as part of our procedures for obtaining a criminal background check for applicants being considered for employment or volunteering. The information you supply below will not be used for any other purpose.

_____	_____	_____	_____
Last Name	First Name	Middle Name	(Jr., Sr., Etc.)
_____		_____	
List all other names used		Social Security Number	
_____		_____	
Current Address	City	State	Zip

Home Phone Number \_\_\_\_\_

List all cities, states, and the dates where you have lived or worked for the past 10 years.

City	State	Start Date	End Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date of Birth: _____	For Office Use Only
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Exhibit 510-B

COMMUNITY AGENCY HEAD, EMPLOYEE, CONSULTANT AND INTERN CERTIFICATION,  
PERMISSION FOR BACKGROUND CHECK AND RELEASE OF INFORMATION

I hereby authorize the Department of Human Services to conduct a criminal history background check and I agree to be fingerprinted in order to complete the state and federal background check process. I further authorize the release of all information regarding the results of my background check to the Department of Human Services. Check one of the options listed below.

Option 1 \_\_\_\_\_ I hereby certify under penalties of perjury, that I have not been convicted of any of the offenses listed below and no such record exists in the State Bureau of Identification in the Division of State Police or in the Federal Bureau of Investigation, Identification Division.

Option 2 \_\_\_\_\_ I hereby affirm that I have been convicted of the following offense listed below \_\_\_\_\_ on \_\_\_\_\_ (date)

If I have checked Option 2 or the criminal history background check reveals any conviction(s) for the offenses listed below, I understand that I may be subject to termination from employment, consultation or internship.

FOR PROVISIONAL EMPLOYEES ONLY: As a provisional employee, I further understand that I may be employed by the agency for a period not to exceed six (6) months during which time a background check will be completed. I understand that I will work under the supervision of a superior where possible.

Offenses covered under P.L. 1999, C. 358:

In New Jersey, any crime or disorderly person offense:

-involving danger to the person as set forth in N.J.S.A. 2C:11-1 et seq. through 2C:15-1 et seq. including the following:

- i. Murder
- ii. Manslaughter
- iii. Death by auto
- iv. Simple assault
- v. Aggravated assault
- vi. Recklessly endangering another person
- vii. Terroristic threats
- viii. Kidnapping
- ix. Interference with custody of children
- x. Sexual assault
- xi. Criminal sexual contact
- xii. Lewdness
- xiii. Robbery

-against the children or incompetents as set forth in N.J.S.A. 2C:24-1 et seq. including the following:

- i. Endangering the welfare of a child
- ii. Endangering the welfare of an incompetent person

-a crime or offense involving the manufacture, transportation, sale, possession or habitual use of a controlled dangerous substance as defined in N.J.S.A. 2C:24-1 et seq.

-in any other state or jurisdiction, conduct which, if committed in New Jersey, would constitute any of the crimes or disorderly persons offenses described above.

FOR COMMUNITY AGENCY HEAD: I understand the results of this background check will be reported to the President of the Board of my agency.

### CIVIL LIABILITY FOR ABUSE

Please check one of the options listed below:

Option 3 \_\_\_\_\_ I hereby certify under penalties of perjury, that I have not been held civilly liable for abuse of a developmentally disabled person receiving services from the Division of Developmental Disabilities or placed in a community residence.

Option 4 \_\_\_\_\_ I hereby affirm that I have been adjudged civilly liable on \_\_\_\_\_ for abuse of a person with developmental disabilities receiving services from the Division of Developmental Disabilities or placed in a community residence.

If I have checked Option 4, or if at any time it is revealed that I have been held civilly liable for abuse of a developmentally disabled person, I understand that this is grounds for denial of employment, consultation or internship or termination from employment, consultation, or internship.

\_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed by (please print)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

Revised 7/03, 5/04, 3/08





The Central Registry of Offenders Against Individuals with Developmental Disabilities  
Employee/Volunteer Consent for Employers to Check Registry

N.J.A.C. 10:44D

State of New Jersey Department of Human Services Office of Program Integrity and Accountability  
PO Box 700 Trenton, NJ 08625

Please Complete the Following Information:

Employee/Volunteer Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Other Last/First Names Used: (please list any/all names used, including maiden name, nicknames or other)

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last Four (4) Digits of Social Security Number: \_\_\_\_\_

Agency/Facility Name: \_\_\_\_\_

In accordance with N.J.S.A. 30:6D-73 et seq., I understand that providing my employer/prospective employer with the above information is for the purpose of my employer/prospective employer conducting a check of my name/identity against the NJ Department of Human Services' (DHS) Central Registry of Offenders Against Individuals with Developmental Disabilities (Central Registry) for the purpose of working/volunteering at an agency/facility/program, licensed, regulated or contracted with the Department of Human Services.

I understand that while I am awaiting the results of the Central Registry check, I may not work unsupervised with individuals with developmental disabilities and that I must be accompanied by a senior staff member or supervisor in any activities involving individuals with developmental disabilities.

By signing this agreement, I attest that the information I have provided above is factual and correct, and I can be terminated from employment/volunteering for failure to provide accurate information.

I further attest that I am currently not on the NJ DHS Central Registry of Offenders Against Individuals with Developmental Disabilities. I understand that if my name appears on the Central Registry, I may not be employed or allowed to volunteer in a program licensed, contracted or funded, directly or indirectly, by the State of New Jersey to work with individuals with developmental disabilities.

I understand that also under N.J.S.A. 30:6D-73 et seq., in my capacity as an employee, caregiver or volunteer, in a program or facility licensed, regulated or contracted with DHS, or receiving state funding directly or indirectly, I am required to immediately report any/all allegations of abuse, neglect and/or exploitation against an individual with a developmental disability to the NJ Department of Human Services and that failure to do so, while having reasonable cause to believe such an act was committed, constitutes a disorderly persons offense. I understand that when making such a report, in good faith, I am immune from any civil or criminal liability that might otherwise attach from the act of making the report. I understand that in situations of discrimination or discharge from employment as a result of making a report in good faith, I may seek court relief for such actions.

I further understand that I am required to cooperate with investigations conducted by DHS or its designee(s). I have read and understand the above and hereby give my consent for my name to be checked against the Department of Human Services, Central Registry of Offenders Against Individuals with Developmental Disabilities.

Employee/Prospective Employee/Volunteer Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Employer/Provider Agency Use Only**

The above named individual has been checked against the Central Registry of Offenders Against Individuals with Developmental Disabilities in accordance with N.J.A.C. 10:44D

Registry Check Performed By: \_\_\_\_\_ Date: \_\_\_\_\_ Listed on Registry Yes \_\_\_\_\_ No \_\_\_\_\_

This document should be maintained in the employee's personnel file. Do not return to DHS.

# The Arc of Monmouth

## DRIVER'S ABSTRACT REQUEST FORM

An approved Division of Motor Vehicle Driver's Abstract is to be on file with The Arc of Monmouth prior to approval for use of The Arc vehicles and/or transporting persons served by The Arc. Copies of your driver's license and automobile insurance card are also required.

The Arc will obtain your Driver's Abstract at no cost to you. Please complete the following information and read and sign below.

Thank you for your cooperation.

FULL NAME: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_  
DRIVER'S LICENSE #: \_\_\_\_\_  
STATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
AUTO INSURANCE: (COMPANY NAME AND POLICY #)  
EFFECTIVE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MAKE OF CAR: \_\_\_\_\_ YEAR: \_\_\_\_\_

\_\_\_\_\_ A photocopy of my driver's license is attached.  
\_\_\_\_\_ A photocopy of my automobile insurance card is attached.

I authorize The Arc of Monmouth to obtain my driver's abstract at any time during my employment. I understand it is my responsibility to follow The Arc of Monmouth's policies and procedures on driving and to inform The Arc immediately of any major changes in my driving status (e.g., increase in number of points, suspension, loss of license, imposition of surcharges, etc.).

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT



# Pre-Employment Reference Check Personal or Professional

FROM: Human Resources  
The Arc of Monmouth  
1158 Wayside Road  
Tinton Falls, NJ 07712  
(732) 493-1919 ext. 610 Fax (732) 493-0739

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Employer:

One of your former employees has recently applied for a position with our company. We ask that you verify his/her service and return the form as soon as possible. THIS INFORMATION WILL BE KEPT CONFIDENTIAL. Thank you for taking the time needed to complete this form.

**AUTHORIZATION:**

I hereby authorize you to provide any information you may make available regarding my job performance and character.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### FOR HUMAN RESOURCES USE ONLY

**Please Verify Information Below**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_

Employment was from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Correct  Incorrect

*(If incorrect, please provide correct dates)* from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last Position \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_ per \_\_\_\_\_  Correct  Incorrect

*(If incorrect, please provide information)* \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_ per \_\_\_\_\_

Nature of work and responsibilities \_\_\_\_\_

Applicant's reason for leaving \_\_\_\_\_

Please note applicant's strengths \_\_\_\_\_

Please note applicant's weaknesses \_\_\_\_\_

Would you rehire this applicant?  Yes  No Why? \_\_\_\_\_

How would you rate the applicant's performance in the following areas? Please circle appropriate number.

		1 = Outstanding					2 = Very Good					3 = Good					4 = Needs Improvement					5 = Unsatisfactory				
Attendance		1	2	3	4	5	Productivity		1	2	3	4	5	Quality of Work		1	2	3	4	5						
Cooperation		1	2	3	4	5	Job Knowledge		1	2	3	4	5	Communication		1	2	3	4	5						

Signature of person verifying information \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number \_\_\_\_\_

Verbal