



# The Arc of Monmouth Application for Employment

**Please complete all sections. Additional information may be submitted with this application (training certificates, CPR/First Aid, etc.) Please be aware that misrepresentation may be cause for removal from the hiring process**

1. Name	2. Home Phone Number	3. Cell Phone Number
4. Address: Number, Street, Apartment Number  City: _____ State: _____ Zip Code: _____		4b. If entry in 4a is your mailing address only, enter the name of the street, township and zip code in which you live.   
5. Position applying for (or type of work you are interested in)  		
6. Indicate preferred work schedule: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem <input type="checkbox"/> Day Shift (8 am – 4 pm) <input type="checkbox"/> Evening Shift (2pm-10pm/3pm-11pm) <input type="checkbox"/> Overnight Shift (10p-8a/11pm-9am)		
7. Are you 18 years or older? <input type="checkbox"/> YES <input type="checkbox"/> NO		
8. Do you possess a driver's license that is valid in New Jersey? <input type="checkbox"/> YES <input type="checkbox"/> NO What is your driving record (# of points, accidents, summonses): _____		
9. Are you either a U.S. citizen or an alien authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>★ Review Instructions on Application cover before answering this question.</b> 10. Have you ever been convicted of a crime or other offense which has not been expunged by the Court, either in New Jersey or in any other jurisdiction? (A conviction will not necessarily preclude you from employment.) <input type="checkbox"/> YES (If yes, give details below) <input type="checkbox"/> NO Explanations:  		
11. Are you a Veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, have you established Civil Service Veteran's Preference with the NJ Civil Service Commission between April 1, 1980 and March 1, 2001, or with the NJ Department of Military and Veteran after March 1, 2001? <input type="checkbox"/> YES <input type="checkbox"/> NO		
12. Have you ever worked or been educated under a different name? <input type="checkbox"/> YES (if yes, specify here _____) <input type="checkbox"/> NO		
13. How did you hear about this job opening? <input type="checkbox"/> Current Arc of Monmouth employee; provide employee name: _____ <input type="checkbox"/> Drive by/ Walk in <input type="checkbox"/> Indeed, Facebook, LinkedIn, Arc of Monmouth Website, Community Event _____ <input type="checkbox"/> Other _____		

14. EDUCATION/SKILL HISTORY: Please list all vocational, technical correspondence schools, colleges and universities you have attended. **Upon employment be prepared to provide supporting documentation of the highest degree or certification you have obtained.**

Name and Address of School:	Did you Graduate?	Major/Course of Study	Degree Received
High School	<input type="checkbox"/> YES <input type="checkbox"/> NO		
College or University	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Graduate School	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Other Formal Training/Military	<input type="checkbox"/> YES <input type="checkbox"/> NO		

15. CLERICAL SKILLS (Administrative positions: a typing test will be scheduled prior to interview)

Typing: ☐ YES ☐ NO WPM: \_\_\_\_\_

16. Are you engaged in any business activity or employment which you plan to continue if employed by the Arc of Monmouth? If yes, your outside employment will be subject to further review regarding conflicts of interest.

☐ YES ☐ NO

If yes, explain:

**17. List all employment starting with present or last position and work back, including military experience.**

17a. From:	To:	Position Title:	Supervisor's Name:
Month: Year:	Month: Year:	Number of staff supervised, if applicable:	Telephone Number:
<b>Employer's Name and Complete Address:</b>  Can we contact this employer: <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time  Reason for leaving:	
Description of Job Duties:			
17b. From:	To:	Position Title:	Supervisor's Name:
Month: Year:	Month: Year:	Number of staff supervised, if applicable:	Telephone Number:
<b>Employer's Name and Complete Address:</b>  Can we contact this employer: <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time  Reason for leaving:	
Description of Job Duties:			
17c From:	To:	Position Title:	Supervisor's Name:
Month: Year:	Month: Year:	Number of staff supervised, if applicable:	Telephone Number:
<b>Employer's Name and Complete Address:</b>  Can we contact this employer: <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time  Reason for leaving:	
Description of Job Duties:			

**18. PROFESSIONAL REFERENCES:****List three previous supervisors whom we may contact concerning your qualifications**

Name:	Name:	Name:
Company:	Company:	Company:
Title:	Title:	Title:
Business Address:	Business Address:	Business Address:
Phone Number:	Phone Number:	Phone Number:
Email Address:	Email Address:	Email Address:

**I Authorize** my former employers to release any information they may have concerning my employment record and I release the Arc of Monmouth and all previous employers listed in this application from all liability whatsoever that may issue from securing this information.

I further authorize representatives of this Agency to verify any and all information contained in this application, including education, and to review any and all criminal history, military and disciplinary records of any source.

**I Certify** that the information on this application is complete and accurate, to the best of my knowledge. I understand that any misleading or incorrect information may render this application void and be just cause for immediate termination if employed.

**I 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.**

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

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