



The Arc Gloucester
 1555 Gateway Blvd.
 West Deptford, NJ 08096

(856) 848-8648 - Phone (856) 848-7753 - Fax www.thearcgloucester.org

Application for Employment

The Arc Gloucester's Equal Opportunity Hiring Practices are designed to provide equal opportunity to all applicants regardless of race, color, creed, national origin, sex, familial status or disability.

(Please Print)

Date of Application: _____ Position(s) applied for: _____

___ Part Time ___ Full Time ___ Seasonal Date Available _____ Desired Salary _____

Referral Source: Advertisement (Where did you see our ad)? _____

Friend Relative Walk-In Employment Agency Other

Name: _____
Last First Middle

Address: _____
Number Street City State Zip Code

Telephone(s): () _____ () _____
Area Code Home Area Code Other

E-mail address: _____

- Have you filed an application here before? Yes No If yes, give date: _____

- Have you worked for The Arc Gloucester? Yes No If yes, give date: _____

- Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes No (Proof of citizenship or immigration status is required upon employment)

- (The Arc completes criminal background checks on employees. Fingerprints are sent to the FBI and the State Police). Have you ever plead "guilty" or "no contest" to, or been convicted of a crime? Yes No Pending If yes, please explain: _____

- Have you ever been adjudged civilly or criminally liable for abuse of a person with developmentally disabilities receiving services from New Jersey's Department of Human Services or placed in a community residence regulated by The Arc Gloucester? Yes No

- Do you possess a valid driver's license from the state you reside in? Yes No

EMPLOYMENT HISTORY / REFERENCES

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE () -	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities.
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE		
		FINAL		
MAY WE CONTACT FOR REFERENCES?	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	PER	
EMPLOYER	TELEPHONE () -	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities.
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE		
		FINAL		
MAY WE CONTACT FOR REFERENCES?	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	PER	
EMPLOYER	TELEPHONE () -	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities.
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		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE		
		FINAL		
MAY WE CONTACT FOR REFERENCES?	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	PER	
EMPLOYER	TELEPHONE () -	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities.
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		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE		
		FINAL		
MAY WE CONTACT FOR REFERENCES?	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	PER	

Comments (including explanation of any gaps in employment): _____

EDUCATIONAL BACKGROUND

Proof of HS/GED or college diploma required for employment consideration.

(A.) NAME	(B.) NO. YEARS COMPLETED	(C.) DEGREE DIPLOMA	D. MAJOR
High School			
College			
Other			

Specialized Training / Certifications: _____

PERSONAL REFERENCES

List three individuals who are not related to you and are not previous supervisors. (Please list time references can be contacted. If we cannot contact your references, this will delay the time you can be considered for employment.)

NAME	TELEPHONE	YEARS KNOWN
	() -	
	() -	
	() -	

I represent that the information provided herein is true and correct to the best of my knowledge. It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the Employer's service if I have been employed. Furthermore, I understand that this application is not a contract of employment, that if I become employed, I am free to resign at any time, and that the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations and organizations for furnishing such information.

The Employer is an equal opportunity employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for ninety (90) days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to complete a new application.

Signature of Applicant: _____

Date: _____

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

POSITION(S) APPLIED FOR AVAILABLE NOT AVAILABLE

OTHER POSITIONS CONSIDERED FOR _____

HIRED: YES NO HOURLY RATE/
SALARY: _____ DATE OF HIRE: ___ / ___ / ___

POSITION HIRED FOR _____

PROGRAM HIRED FOR _____

SS# _____ DRIVERS LICENSE # _____ STATE _____

NOTES _____

COMPLETED BY _____

DATE ___ / ___ / ___