

THE CENTER FOR FAMILY SUPPORT, NEW JERSEY INC.

APPLICATION FOR EMPLOYMENT

The Center for Family Support, Inc. shall treat all employees and applicants for employment without unlawful discrimination as to race, creed, color, national origin, sex, age, disability, marital status, sexual orientation, unemployment status or citizenship status in all employment decisions.

I. PERSONAL			
Last Name:		First Name/Middle Initial:	
Address:			
Street:	City:	State:	Zip:
Home Telephone:		Business Telephone:	
Are you 18 years of age or older? Yes () No ()			
Type of Position Desired:		Salary Desired:	
Have you applied to CFS before? Yes () No () If so, when? _____			
Have you worked for CFS before? Yes () No () If so, when/department? _____			
How did you find out about us? Newspaper () Open House () Job Fair () Internet Job Board ()			
Were you referred by a CFS employee? Yes () No ()			
If yes, name of employee: _____			
Do you have any friends or relatives or do you know anyone that works at CFS? Yes ____ No ____			
If yes, please state their names and explain the relationship: _____			
Which counties are you available to work in (Check):			
Bergen() Passaic() Morris () Essex () Union() Somerset () Monmouth ()			
When can you begin work?			
What days are you available to work? Mon.() Tues.() Wed.() Thurs.() Fri.() Sat.() Sun.()			
What hours are you available to work?			
Have you ever been convicted of a crime, excluding minor traffic violations (Other than offenses such as driving while impaired or under the influence)? Yes () No ()			
<i>(Note: A conviction will not necessarily be a bar to employment. Factors such as age at the time of offense, seriousness of the offense and rehabilitation will be taken into account.)</i>			
Have you ever been adjudged civilly or criminally liable for the abuse of a developmentally disabled person? Yes () No ()			

Do you have a valid **New York or New Jersey driver's license** with a clean driving record? Yes () No ()
 Applicants must note convictions for moving violations or D.W.I. or any suspensions, revocations or occurrences involving harm to persons or property while driving within the past three years:

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes () No () If no please explain:

II. EDUCATION

Last school attended: Graduate School () College () Trade School () High School () Grammar ()

School Name:

Address:

Course of study:	Degree:	Dates attended: / / to / /
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School Name:

Address:

Course of study:	Degree:	Dates attended: / / to / /
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School Name:

Address:

Course of study:	Degree:	Dates attended: / / to / /
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Do you have other training, certification, or volunteer experience relevant to the position for which you are applying? C.P.R. () First Aid () Crisis Intervention () Medication Administration ()
 Preventing Abuse & Neglect () Overview of DD ()

Other:

III EMPLOYMENT HISTORY

Please give an accurate, complete employment record. Start with your present or most recent employer.

Company Name:	Dates Employed (state month & year) From To			
Address:	Street	City	State	Zip
Salary: Start Last	Name of Supervisor: Phone:			
State job title and describe your work:				
State reason for leaving:				

Company Name:	Dates Employed (state month & year) From To			
Address:	Street	City	State	Zip
Salary: Start Last	Name of Supervisor Phone:			
State job title and describe your work:				
State reason for leaving:				

Company Name:	Dates Employed (state month & year) From To			
Address:	Street	City	State	Zip
Salary: Start Last	Name of Supervisor Phone:			
State job title and describe your work:				
State reason for leaving:				

Company Name:	Dates Employed (state month & year) From To			
Address:	Street	City	State	Zip
Salary: Start Last	Name of Supervisor: Phone:			
State job title and describe your work:				
State reason for leaving:				

Revised: 6/25/2014

References: Applicants are to furnish two personal references below.

Name:	Name:
Address: Street	Address: Street
City, State, Zip	City, State, Zip
Phone:	Phone:

The information provided in this Application for Employment is correct and complete. Any misstatement (untrue statements) or omission of fact on this application will result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon The Center for Family Support to continue to employ me in the future.

Signature: _____ Date: _____

It is the policy of The Center for Family Support that no individual will be hired who has a history of client/child abuse, mistreatment or neglect. Prospective employees who have the potential for regular and substantial contact with children shall have their name submitted to the New Jersey Department of Human Services to determine if the applicant is the subject of an indicated report of child abuse or maltreatment. I understand that my name will be submitted to the New Jersey Dept. of Human Services in order for The Center for Family Support to check my background.

Please indicate if you have been a subject of child abuse or a maltreatment case {Yes or No}. I understand that any indication of an omission of fact could result in termination. (Please Explain)

Signature: _____ Date: _____

It is the policy of the Center for Family Support that staff who drive agency vehicles must disclose convictions related to moving violations within the last three years and any suspension, revocation, D.W.I., conviction, or any occurrence involving harm to persons or property while driving. I am giving The Center for Family Support a copy of my driver's license so that they may verify my driving record.

Signature: _____ Date: _____