

APPLICATION FOR EMPLOYMENT

(PLEASE ATTACH A COPY OF RESUME OR CURRICULUM VITA.)

PERSONAL INFORMATION

Name (Last, First, Middle)		Social Security #	
Street Address		Apt. #	
City	County	State	Zip Code
Telephone # (include area code)		E-mail address	
Fax # (include area code)		Are You 18 Years Old or Older? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are You a United States Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		If No, Do You Have a Resident Alien Card? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Number: _____	

DESIRED EMPLOYMENT

Position		Date You Can Start	Desired Pay
Are You Employed Now? Yes <input type="checkbox"/> No <input type="checkbox"/>	If So, May We Inquire of Your Present Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Comments
Ever Applied to this Company Before? Yes <input type="checkbox"/> No <input type="checkbox"/>	Where?		When?
Ever Worked for this Company Before? Yes <input type="checkbox"/> No <input type="checkbox"/>	Where?		When?
Reason for Leaving			
Name of Last Supervisor at this Company			
Who Referred You to this Company? <input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> State Employment Office <input type="checkbox"/> College Placement Service <input type="checkbox"/> Walk-In <input type="checkbox"/> Other (Specify) _____			

EDUCATION

School Level	Name and Location of School	Did You Graduate?	Degree Received and Major
High School			
Trade, Business or Correspondence School			
College or University			
College or University			
College or University			
Other			

GENERAL

Subjects of Special Study or Research Work (e.g., Master's Thesis or Doctoral Dissertation)
Special Training
Special Skills (e.g., Computer Skills)

CURRENT LICENSES AND CERTIFICATIONS

	License or Certification	License/Certification #	Granting Authority	Expiration Date
1				
2				
3				
4				
5				

PRESENT AND FORMER EMPLOYERS

(LIST BELOW EACH OF YOUR LAST FIVE EMPLOYERS, REGARDLESS OF THE LENGTH OF TIME YOU WERE EMPLOYED THERE, STARTING WITH YOUR PRESENT OR MOST RECENT ONE FIRST; INCLUDE VOLUNTEER WORK.)

Name of Present or Last Employer			
Address		City	State Zip Code
# of Years Employed	Job Title		Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Starting Pay	Final Pay		May We Contact Your Supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Supervisor	Title		Phone # (with area code)
Description of Work			
Reason for Leaving			

Name of Previous Employer			
Address		City	State Zip Code
# of Years Employed	Job Title		Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Starting Pay	Final Pay		May We Contact Your Supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Supervisor	Title		Phone # (with area code)
Description of Work			
Reason for Leaving			

PRESENT AND FORMER EMPLOYERS (Continued)

Name of Previous Employer			
Address		City	State Zip Code
# of Years Employed	Job Title		Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Starting Pay	Final Pay		May We Contact Your Supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Supervisor	Title		Phone # (with area code)
Description of Work			
Reason for Leaving			

Name of Previous Employer			
Address		City	State Zip Code
# of Years Employed	Job Title		Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Starting Pay	Final Pay		May We Contact Your Supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Supervisor	Title		Phone # (with area code)
Description of Work			
Reason for Leaving			

PRESENT AND FORMER EMPLOYERS (Continued)

Name of Previous Employer				
Address		City	State	Zip Code
# of Years Employed	Job Title		Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Starting Pay		Final Pay		May We Contact Your Supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Supervisor		Title		Phone # (with area code)
Description of Work				
Reason for Leaving				

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

Organization/Association	# of Years of Membership
Organization/Association	# of Years of Membership
Organization/Association	# of Years of Membership

CURRENT INVOLVEMENT IN COMMUNITY ORGANIZATIONS

(PLEASE LIST ALL ORGANIZATIONS TO WHICH YOU BELONG. YOU DO NOT NEED TO LIST ANY WHICH INDICATE YOUR RACE, RELIGION, SEX, OR OTHER PERSONAL CHARACTERISTICS.)

Organization	Description of Involvement
Organization	Description of Involvement
Organization	Description of Involvement

REFERENCES

(BELOW, PROVIDE THE NAMES AND CONTACT INFORMATION OF THREE PERSONS YOU HAVE KNOWN FOR AT LEAST ONE YEAR IN AN EMPLOYMENT OR ACADEMIC SETTING AND TO WHOM YOU ARE NOT RELATED.)

	Name	Address and Telephone #	Business or Profession	# of Years Acquainted
1				
2				
3				

MILITARY SERVICE

Branch of Service		# of Years in Service
Rank		Military Occupational Specialty
Vietnam Era Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>	Relevant Skills Acquired	
Comments		

CRIMINAL RECORD

Have You Ever Been Convicted of a Felony? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Explain (Will Not Necessarily Exclude You From Consideration)

AUTHORIZATION

“I hereby give my permission to personnel of Counseling and Rehabilitation, Inc./Counseling and Rehabilitation of New Jersey, Inc. to conduct a background check on me.

If I am offered employment through Counseling and Rehabilitation, Inc./Counseling and Rehabilitation of New Jersey, Inc., I agree to undergo a physical examination, including a drug and alcohol screening, at the expense of Counseling and Rehabilitation, Inc./Counseling and Rehabilitation of New Jersey, Inc.

I certify that the information I have provided in this application is true and complete to the best of my knowledge. I understand that, if employed, false statements on this application will be grounds for dismissal.”

Date

Signature