

# INSTRUCTIONS – PLEASE READ!

**Please download this application to your computer, save it there, and open it from your computer. THEN fill it out and click the “Submit” button at the bottom of the second page.**

If you fill it out on the website some web browsers will erase the information you have entered when you save it, and the submit button does not work in all browsers.

When you click the “submit” button, you should see some action happening regarding emailing the application to us. If nothing happens then your computer setup might not support the button. In that case you can attach the application to an email yourself, or print it and mail it.

In any case, please don't hesitate to call us at (908) 689-7525 and set up an interview, whether or not you are able to fill out the application. Thanks!



**EXPERIENCE/REFERENCES**

List three past employers beginning with the most recent. If you do not have three, you may substitute with a personal reference who is not related to you.

1. Employer \_\_\_\_\_ Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
Supervisor \_\_\_\_\_ Telephone( ) \_\_\_\_\_  
Address \_\_\_\_\_ Position \_\_\_\_\_  
Salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_

2. Employer \_\_\_\_\_ Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
Supervisor \_\_\_\_\_ Telephone( ) \_\_\_\_\_  
Address \_\_\_\_\_ Position \_\_\_\_\_  
Salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_

3. Employer \_\_\_\_\_ Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
Supervisor \_\_\_\_\_ Telephone( ) \_\_\_\_\_  
Address \_\_\_\_\_ Position \_\_\_\_\_  
Salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Do you have a current, valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a criminal act? Yes \_\_\_\_\_ No \_\_\_\_\_

The Arc/Warren County Chapter is dedicated to enriching the quality of life of persons with ~~lpvngewcnand~~ other developmental disabilities. As an employee of this agency, you are committed to demonstrate the utmost respect, patience, and support to all consumers.

Please briefly explain why you have chosen to apply to this agency and list any of your own strengths you feel may be useful in the position you are applying for.

Please be sure you have filled in ALL sections of the application.

The Arc/Warren County Chapter, Inc. is an equal opportunity employer.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Signature \_\_\_\_\_

Date \_\_\_\_\_