

INSTRUCTIONS – PLEASE READ!

Please download this application to your computer, save it there, and open it from your computer. THEN fill it out and save it. You can send it to us as an email attachment.

If you fill it out on the website some web browsers will erase the information you have entered when you save 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!



Date: _____

The Arc
Warren County Chapter, Inc.
Post Office Box 389, Washington, New Jersey 07882
Phone: 908-689-7525 Fax: 908-689-4096
www.arcwarren.org

APPLICATION FOR EMPLOYMENT

Full Legal Name _____
Last First MI

Address _____ Home # () _____
City ST ZIP Bus # () _____

Email Address _____

Referred by _____

How did you hear about this job? _____

Have you ever applied to this agency before? Yes ___ No ___ If yes, when _____

EMPLOYMENT DESIRED

Department (Check one or more) Community Living Arrangements _____ Camp/Rec _____ Admin. _____
Early Intervention _____ Community-Based Supports _____ Other _____

Position (Check one or more) Direct Care _____ Supervisory _____ Other _____

Work Availability (Check all that apply) Part-time _____ Full-time _____ Substitute _____ Sleep-in _____
Weekends _____ Mornings _____ Days _____ Eve/Nights _____ Overnight/Awake _____

Salary Desired _____ May we contact your present employer? Yes ___ No ___

EDUCATION

	Name & Location of School	Did you graduate?	Subjects studied
High School/GED			
College			
Graduate School			

Trainings, certifications, licenses and/or related experience in the position applying for: _____

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 _____
Reason for leaving _____

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

3. Employer _____ Dates (mo/yr) _____ to (mo/yr) _____
Supervisor _____ Telephone() _____
Address _____ Position _____
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 mental retardation and 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 _____