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			
		Bus # ()
City	ST	ZIP	
Email Address			
Referred by			
How did you hear about t	his job?		
Have you ever applied to	this agency before? Yes No	If yes, when	
EMPLOYMENT DESIRI	ED		
Department (Check one or	r more) Community Living Arrangeme	ents Camp/Rec	Admin.
	Community-Based Supports		
	ore) Direct Care Supervisor		
Nork Availability (Check	all that apply) Part-time Full	I-time Substitute	Sleep-ın
Weekends Mor	nings Days Eve/Nig	ghts Overnight/Awa	ke
Salary Desired	May we conta	ct your present employer? Y	/es No
EDUCATION_	Name & Location of School	Did you graduate?	Subjects studied
High School/GED			
College			
Graduate School			
Frainings cortifications	licenses and/or related experience in t		
	ucenses and/or related experience in i	the nosition anniving 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 intellectual 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.						
Sig	gnature	Date	e			