

## 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.

You can email the completed application as an attachment to:

[jobapplications@arcwarren.org](mailto:jobapplications@arcwarren.org)

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. Thank you!



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](http://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 \_\_\_\_\_

<b><u>EDUCATION</u></b>	<b>Name &amp; Location of School</b>	<b>Did you graduate?</b>	<b>Subjects studied</b>
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 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.

Signature \_\_\_\_\_

Date \_\_\_\_\_