

Application For Employment

Hudson Milestones
365-381 Clendenny Ave. Jersey City, N.J. 07304
(201) 434-7783

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How Did You Learn About us?

Newspaper	<input type="checkbox"/> Star Ledger	<input type="checkbox"/> Bergen Record	<input type="checkbox"/> Jersey Journal	<input type="checkbox"/> Other _____
Internet	<input type="checkbox"/> N.J.com	<input type="checkbox"/> Monster.com	<input type="checkbox"/> Agency Website	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Career Builder.com			
Other	<input type="checkbox"/> Posting	<input type="checkbox"/> Employ. Agency	<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
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Address	Number Street	City	State	Zip Code
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Telephone Number(s)	Social Security Number
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If you are under 18 years of age, can you provide required proof of your eligibility to work? (Parent/Guardian signature will be required on application) Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date and position _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

Is there currently a relative working for the agency (or has there ever been)? If yes, please name: _____. Yes No

On what date would you be available to begin work? _____

Are you available to work: Full Time Part Time Shift Work Temporary
 Day Evening Overnight Weekends

Are you currently on "lay-off" status and subject to recall? Yes No

Can you drive if a job requires it? Yes No

Have you ever been convicted of a crime ? Yes No
Conviction will not necessarily disqualify an applicant from employment.
If Yes, please explain _____

Have you ever been adjudged civilly or criminally liable for abuse of a developmentally disabled person?
 Yes No

If yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed		Worked Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed		Worked Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed		Worked Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates Employed		Worked Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Do you have a valid New Jersey Driver's License? Yes No

If so, what is the number? _____

Is your New Jersey Driver's License a provisional license? Yes No

Have you ever driven a full size van or mini-van or other commercial size vehicle?
 Yes No

If other than a van or mini-van please describe the vehicle.

Are you willing to drive a van after one hour of behind the wheel training?
 Yes No

I understand that certain positions within the agency will require my driving an agency vehicle and if I am offered and accept one of those positions, I will agree to carry out that responsibility

Signature _____ Date _____

State any additional information you feel may be helpful to us considering your application.

Professional References (Please)

1.	_____ ()
	(Name) _____ Phone # _____
	(Address) _____
	Relationship _____
2.	_____ ()
	(Name) _____ Phone # _____
	(Address) _____
	Relationship _____
3.	_____ ()
	(Name) _____ Phone # _____
	(Address) _____
	Relationship _____

REFERENCE INQUIRY

Applicant's Name: _____

Social Security #: _____

Position Applied For: _____

Briefly describe duties of the position: _____

Applicant's Signature

Dear Madam/Sir:

The above listed individual has applied for a position with our agency, and has authorized contacting you as a reference.

We would appreciate if you would furnish us the information requested on the reverse side for the type of reference checked above. A self-addressed envelope is enclosed for your convenience. Thank you for your cooperation.

Sincerely,

PROFESSIONAL REFERENCE

JOB APPLICANT'S NAME _____

YEARS KNOWN	HOW KNOWN (EMPLOYER, BUSINESS, ASSOCIATE, ETC.)
ARE THIS PERSON'S PROFESSIONAL AFFAIRS WELL MANAGED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	COMMENTS: _____ _____ _____
DO YOU BELIEVE THIS PERSON TO BE HONEST? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	COMMENTS: _____ _____ _____
DO YOU BELIEVE THIS PERSON TO BE RELIABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	COMMENTS: _____ _____ _____
WOULD THIS PERSON MAKE A SIGNIFICANT CONTRIBUTION TO OUR COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	COMMENTS: _____ _____ _____
SIGNATURE	DATE

EMPLOYMENT REFERENCE

EMPLOYED FROM TO	REASON FOR SEPARATION
LAST JOB TITLE	PAY RATE

DESCRIPTION OF DUTIES

PLEASE RATE THE FOLLOWING:	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
ABILITY				
QUALITY OF WORK				
QUANTITY OF WORK				
CONDUCT				
ATTENDANCE				

ELIGIBLE FOR REHIRE? YES NO

SIGNATURE TITLE DATE

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand that Hudson Milestones shall not employ any person who has been adjudged civilly or criminally liable for abuse of a developmentally disabled person.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I further understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Signature of Parent/Guardian
(If applicant is under 18 years of age)

Date

In Case of an Emergency Notify

Name

Address

Phone No.