

Please describe additional skills, training or ability you would like to have us consider in evaluating your qualifications.

Briefly describe your employment goals:

EMPLOYMENT HISTORY – (LIST IN ORDER, LAST OR PRESENT EMPLOYER FIRST)

DATES		NAME, ADDRESS, TELEPHONE NUMBER OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		
					MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF NOT, WHY?
DESCRIBE IN DETAIL THE WORK YOU DID.						
DATES		NAME, ADDRESS, TELEPHONE NUMBER OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		
					MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF NOT, WHY?
DESCRIBE IN DETAIL THE WORK YOU DID.						
DATES		NAME, ADDRESS, TELEPHONE NUMBER OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		
					MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF NOT, WHY?
DESCRIBE IN DETAIL THE WORK YOU DID.						
DATES		NAME, ADDRESS, TELEPHONE NUMBER OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		
					MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF NOT, WHY?
DESCRIBE IN DETAIL THE WORK YOU DID.						

REFERENCES

Name 3 persons, *other than immediate family members or previous employers*, whom you have known for at least one year and who can serve as a character reference for you.

Name:	Address and Daytime Telephone #	How do you know this reference?

APPLICANT’S STATEMENT (PLEASE READ AND SIGN THE STATEMENT BELOW)

I certify that the information provided by me in this application is accurate and complete to the best of my knowledge and belief, and agree that such information may be investigated by Abilities at any time. I understand that any false statement or misrepresentation of the facts called for in this application or in the hiring process will be cause for rejection of my application or dismissal from employment at any time.

I authorize and request all of my present and former employers and those whom I have listed as references to furnish Abilities, either orally or in writing, with any and all information they may have concerning my employment, including all attendance records, performance evaluations, disciplinary records, rates of pay, reasons for leaving, and other information pertinent to my qualifications for employment. I hereby release them and Abilities from any and all claims and liability for damage of every nature and kind arising from the furnishing of the requested information. (**Note:** Your present employer will only be contacted with your consent or after you have given notice of resignation.)

I further authorize and agree to be fingerprinted in accordance with N.J.S.A. 30:6D-63 to 72 to determine that no criminal history record exists on file in the Federal Bureau of Investigation Identification Division, or the State Bureau of Identification in the Division of State Police.

I further understand that if I receive an offer of employment, my employment is subject to, and conditioned upon: (1) Abilities’ investigation of the work and personal references I have provided; (2) all criminal history and background checks applicable to the position for which I am applying; and (3) the provision of my fingerprints, if applicable to the position for which I am applying. I understand and agree that if I do not comply with any of the foregoing, or Abilities is not satisfied with the results of same, any offer of employment will be rescinded.

In consideration of my employment, I agree to comply with the policies, rules, regulations and procedures of Abilities. I further understand and agree that, if hired, I will be an employee-at-will, and my employment can be terminated with or without cause, or with or without notice, at any time, at the option of either Abilities or myself.

Date: _____

Signature: _____

Please return to:
Abilities of Northwest Jersey, Inc.
Attn: Human Resources Department
PO Box 251
264 Route 31 North
Washington, NJ 07882

Fax – 908-689-6363 or email to recruitment@abilitiesnw.com

APPLICANT'S NAME: _____

I hereby give Abilities of Northwest Jersey, Inc. the right to make a thorough investigation into my previous employment, education, references, character, general reputation, mode of living, and all statements made by me in connection with my application for employment. I release from all liability all persons, companies, corporations, and agencies supplying such information.

I understand that upon my written request, Abilities will disclose information about the nature and scope of the information requested in this investigative consumer reporting within five days after receipt of my request.

APPLICANT'S SIGNATURE/DATE