



# Application for Employment

Name		Date	
Address			
City		State	Zip
Phone Number	SS #		Birth date
Referred by		Email	
In case of an emergency, who should we notify?			
Relationship		Phone number	
Position Applying for		Date Available	
Salary Desired			
Languages Spoken			
Geographic and/or other constraints			
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Proof of eligibility will be required upon offer of employment)</i>			
<b>Education*</b> <i>(High School, College, Graduate, Vocational)</i>			
Name and Location of Schools Attended	# of Years completed	Major & Diploma/Degree	
<i>*Also describe any specialized training, certifications, apprenticeships, or skills</i>			
Would you be willing to continue your education by enrolling in courses or other training programs that may be recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Licensure/Certifications**

Type of Licensure:	License #:
Type of Licensure:	License #:
IMDS Needs Assessment Certified:	<input type="checkbox"/> Yes <input type="checkbox"/> No
IMDS Strengths & Needs Assessment Certified:	<input type="checkbox"/> Yes <input type="checkbox"/> No
IMDS SEL Assessment Certified:	<input type="checkbox"/> Yes <input type="checkbox"/> No

List Other Licensure/Certifications:

Please list any community organizations you are active in.

**Former Employers**

Name	Dates Employed
Address	
Phone	Salary on leaving
Position	Supervisor's Name
Duties	

Reason for leaving

Name	Dates Employed
Address	
Phone	Salary on leaving
Position	Supervisor's Name

Duties	
Reason for leaving	
Name	Dates Employed
Address	
Phone	Salary on leaving
Position	Supervisor's Name
Duties	
Reason for leaving	
<b>References</b>	
Please list at least three persons, not related to you, whom you have known at least one year who could attest to your interaction with children.	
Name	Phone
Name	Phone
Name	Phone
How would you describe your general health?	
Are there any physical or personal limitations on the type of work you can do, or that would affect the amount of time you can spend at work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe.	
Date of your last physical exam:	

Would you object to being fingerprinted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available for part-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available for substitute work? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Areas of Expertise/Experience</b>
<p>Have you had any work related experience with <b>Developmental/Intellectual Disabilities</b>?  <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please describe.</p>
<p>Have you had any work related experience with individuals with <b>eating disorders</b>? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please describe.</p>
<p>Have you had any work related experience with individuals who are <b>exposed to sexual trauma</b>?  <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please describe.</p>
<p>Have you had any work related experience with individuals <b>in detention centers</b>? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please describe.</p>
<p>Have you had any work related experience with individuals with <b>substance abuse</b>? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please describe.</p>
<p>Have you had any work related experience with individuals with <b>complex trauma</b>? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please describe.</p>

Have you had any work related experience in providing **family therapy**?  Yes  No

If yes, please describe.

Have you had any work related experience in providing **parent training & skills building**?

Yes  No

If yes, please describe.

Have you had any work related experience with individuals who are **LGBTQ**?  Yes  No

If yes, please describe.

In compliance with the New Jersey State requirements, no person shall be hired or retained as a staff member, paid or volunteer, who has:

- a) been convicted of, admitted to, or been the subject of substantial evidence of an act of child abuse or child molestation;
- b) used alcohol or drugs such that its effects are apparent during working hours that children are in care;
- c) been convicted of or admitted to any felony or any offense involving moral turpitude.

I am aware that a background study will be performed before I can be hired. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal.

In the event of my employment, I agree to comply with the rules and regulations governing my employment. In the event I should terminate my employment, I agree to file my resignation two weeks prior to the date it will be effective.

I understand that the first three months of my employment are probationary and that if my services have not proved satisfactory during that time, my employment/contract may be discontinued at any time.

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Applicant's Signature

Date