



*Where tenderness meets commitment*

**APPLICATION FOR  
EMPLOYMENT**  
**Tender Heart Supportive Services**  
**74 Main Street, Lebanon NJ 08833**  
**Ph-973.517.9271, 908.437.0217**  
**Fax-908-935-0916**

ENTIRE APPLICATION MUST BE COMPLETED. INFORMATION PROVIDED ON THIS APPLICATION MUST BE TRUE AND COMPLETE. ANY FALSE STATEMENT OR FALSIFICATION OF INFORMATION MAY BE CAUSE FOR IMMEDIATE TERMINATION. (SEE STATEMENT ON FINAL PAGE.)

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Last 4 digits of SSN: XXX-XX-\_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Position(s) applying for: \_\_\_\_\_

List work qualities that qualify you for the job

Are you legally eligible for employment in the U.S.A.? Yes \_\_\_\_\_ No \_\_\_ If yes, verification will be required.

Do you have a valid driver's license? \_\_\_\_\_ If yes, list the number: \_\_\_\_\_ State: \_\_\_\_\_

How were you referred to our agency? \_\_\_ If referred by a Tender Heart Supportive Services employee, list name of employee:

\_\_\_\_\_

If you are considered for employment, on what date will you be available for work?

\_\_\_\_\_

Have you ever been adjudged civilly or criminally liable for abuse of a person with a developmental disability? \_\_\_\_\_

\_\_\_\_\_

Have you ever been adjudged civilly or criminally liable for abuse of any person?

\_\_\_\_\_

[Conviction of a crime will not be an absolute bar to employment.]

Are there any other experiences, skills or qualifications which will be of special benefit in the job for which you are applying? (Applicant should not list any information that Federal and/or State law precludes in the pre-employment stage.)

\_\_\_\_\_

Is there any information we would need about your name or use of another name for us to be able to check your work records?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list name: \_\_\_\_\_

## EMPLOYMENT RECORD

### INSTRUCTIONS:

Entire employment record must be listed. Dates of employment must be accurate. Use additional sheet if necessary.

Company Name & Address	Date Started/Left	Rate of Pay	Reason for Leaving	Name of Supervisor
Phone #:  Fax #:	Job Title & Responsibilities:			

Company Name &	Date	Rate of	Reason for	Name of
Phone #:  Fax #:	Job Title & Responsibilities:			

### EDUCATION

Name & Address of School	Course of Study	Years Completed	Degree/Diploma
High School:			
College:			
Other (Specify):			

REFERENCES

LIST THREE SUPERVISORS FROM  
CURRENT AND PAST JOBS.

If applicable, you may also list supervisors from educational or volunteer experiences. (Do not list relatives.)

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Name	Job Title	Years Known
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Company name and street address	Phone #
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City, State, and Zip code	Fax #
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Name	Job Title	Years Known
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Company name and street address	Phone #
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City, State, and Zip code	Fax #
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Name	Job Title	Years Known
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Company name and street address	Phone #
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City, State, and Zip code	Fax #
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**IMPORTANT**

Before reading and signing below, please review your Application for Employment to make sure that it is thoroughly completed. All questions on the application must be answered. All work history must be listed. All employment dates must be accurate. All supervisory reference information must be listed. Thank you!

**Please read carefully. Sign and date below.**

I certify that the information that I have provided to Tender Heart Supportive Services on this application is true and complete. I understand that, if employed, any false statement on this application may result in termination and that falsification of any information provided to Tender Heart Supportive Services may be cause for termination.

I authorize Tender Heart Supportive Services to verify my educational background, work history and my qualifications for the job for which I am applying. This includes character references from persons I identify as references, from former employers and any other persons who may have information relevant to these areas, including police departments, neighbors, schools, and the like. I also authorize Tender Heart Supportive Services to obtain a copy of my motor vehicle record if driving is a requirement of the job. I authorize all persons who are contacted by Tender Heart Supportive Services as references to truthfully answer questions related to my qualifications, and I release all persons who truthfully respond to these questions asked by Tender Heart Supportive Services of any claim I could bring as a result of truthful responses to Tender Heart Supportive Services questions.

If hired, I understand that I am required to authorize the State of New Jersey - Department of Human Services to conduct a criminal background check. I understand that I will need to agree to be fingerprinted in order to complete the Federal and State background check. I also understand that I will need to certify whether or not I have been convicted of any of the offenses listed in the New Jersey State law P.L. 1999, c.358. If the background check reveals any conviction(s) for the offenses listed in this law, I understand that I may be subject to termination of employment.

Offenses covered under New Jersey State law P.L.1999, C. 358: In New Jersey, any crime or disorderly person offense:

- Involving danger to the person as set forth in:

N.J.S. 2C:11-1 et seq.

2C:11-3 Murder

2C:11-4

Manslaughter 2C:11-

5 Death by auto

N.J.S. 2C:12 - 1 et seq.

2C:12-1a Simple assault

2C:12-1b Aggravated

assault

2C:12-2 Recklessly endangering another

person 2C:12-3 Terroristic threats

N.J.S. 2C:13-1 et seq.

2C:13-1 Kidnapping

2C:13-4 Interference with custody of children

N.J.S. 2C: 14-1 et seq.

2C:14-2 Sexual assault

2C:14-3 Criminal sexual

contact 2C:14-4 Lewdness

N.J.S. 2C: 15-1 et seq.

2C:15-1 Robbery

- against the family, children or incompetents as set forth in 2C: 24-1 et seq.

2C:24-4 Endangering the welfare of a child

2C:24-7 Endangering the welfare of an incompetent person

- a crime or offense involving the manufacture, transportation, sale, possession or habitual use of a controlled dangerous substance as defined in N.J.S. 2C:24-1 et seq.

- in any other state or jurisdiction, of conduct which, if committed in New Jersey, would constitute any of the crimes or disorderly persons offenses described above.

[CONVICTION OF ANY CRIME MUST BE LISTED ON PAGE 1 OF THIS EMPLOYMENT APPLICATION.]

I understand that this application is not, and is not intended to be, a contract of employment; nor does this application obligate Tender Heart Supportive Services in any way if the agency decides to employ me. I further understand that if I am hired, the terms and conditions of my employment are set forth in the Tender Heart Supportive Services Employee Handbook which is revised periodically.

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Signature of Applicant

Date



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# CANDIDATE AVAILABILITY FORM

**Please note that this is a generic form given to all our Applicants**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

INTERESTED IN: PART-TIME FULL-TIME

D: DIRECT SUPPORT D: SPEECH THERAPIST D: SUB/FLOATER D: OVERNIGHTAIDE D: JOB COACH D: TUTOR

D: Behaviorist: ( BCBA,LAC,LSW,LAC,LCSW) D: MSW,ABA/RBT D: ADMIN D: OTHER: \_\_\_\_\_

	<b>SUN</b>	<b>MON</b>	<b>TUE</b>	<b>WED</b>	<b>THU</b>	<b>FRI</b>	<b>SAT</b>
11PM (PREV NIGHT) TO 7AM							
10PM (PREV NIGHT) TO 7AM							
7AM TO 3PM							
7AM TO 9AM (PART OF O/N SHIFT)							
8AM TO 3PM							
8AM TO 4PM							
9AM TO 5PM							
1PM TO 9PM							
2PM TO 10PM							
3PM TO 11PM							
4PM TO 9PM							
5PM TO 11PM							

**\*\*\*NOTE: THESE ARE TYPICAL SHIFTS. IF YOU ARE SELECTED FOR EMPLOYMENT, THE TIMES OF YOUR SHIFT MAY CHANGE AND/OR VARY.\*\*\***

Please indicate cities that you are interested in:

Most position starting pay rate is at \$15.00 per hour, is this pay rate within your range? D Yes D No

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_