APPLICATION FOR EMPLOYMENT

Abilities of Northwest Jersey, Inc. ("Abilities") is an equal employment opportunity employer and employs individuals based upon job qualifications regardless of race, color, creed, religion, sex, ancestry, genetic testing, sexual orientation or affectation, age, veteran or military status, marital status, national origin, disability, atypical heredity cellular or blood trait or any other protected classification as established by applicable laws.

PERSONAL INFO	<u>ORMATION</u>						Date:	-	
Name:	Last	Fir	st	Mid	dle			_	
Present Address:								7.	
	Street	Cit		State	2			Zip	
Phone No:			Referred by:						
Email:									
Were you previous	ly employed by Abiliti	es? Yes	No						
Are you over 18 ye	ars of age? Yes	☐ No							
Are you or have yo	u ever been on the Me	dicaid Exclusion	list? Yes No)					
	to work in the United to work in the United			within	3 days	s of hire	e if an c	offer of employi	nent is
POSITION DESIR		port Professional	☐ Clinical ☐ Case Manager ☐ Administrativ			Job Co Mainte Volunt	nance/	Warehouse	
Date Available to	Start:			Sala	ry Des	ired:			
	☐Full-Time	Part-Time	e If Part-Tir	ne, spe	ecify da	ys and	hours		
For positions requ	iring driving: Do you p		J or PA Driver's Licen you possess a CDL Licer		☐ Y€	=	No No		
		RECO	ORD OF EDUCATIO	N					
School			Course of Study	(ast Yea	r	Did you Graduate?	List Diploma or Degree
High				<u></u> 1	<u></u>	<u></u> 3	<u>4</u>	□Yes □ No	
College				_1	<u>2</u>	3	<u>4</u>	Yes No Date:	
Graduate				<u></u> 1	<u></u>	3	<u></u> 4	Yes No Date:	
Other (Specify)				<u></u> 1	<u></u>	□3	<u>4</u>	Yes No Date:	

Please desc	ribe additiona	al skills, training or ability you would like	to have us consider in evaluating	g your qualifications.
Briefly desc	cribe your em	ployment goals:		
EMPLOYM	ENT HISTOI	RY – (LIST IN ORDER, LAST OR PRES	ENT EMPLOYER FIRST)	
			·	
DA	TEC	NAME, ADDRESS, TELEPHONE NUMBER OF EMPLOYER	SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO	OF EWILD LEK	THEE	REASON FOR LEAVING
			MAY WE CONTACT? Yes	No
			IF NOT, WHY?	
DESCRIBE IN	DETAIL THE	WORK YOU DID.		
		NAME ADDRESS THE DRIVEN AND STREET	GLIDEDANGODIG MANELAND	
DA'	TES	NAME, ADDRESS, TELEPHONE NUMBER OF EMPLOYER	SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO			
			MAY WE CONTACT? Yes IF NOT, WHY?	No
			H 1001, WHI .	
DESCRIBE IN	DETAIL THE	WORK YOU DID.		
		NAME, ADDRESS, TELEPHONE NUMBER	SUPERVISOR'S NAME AND	
DA' FROM	TES	OF EMPLOYER	TITLE	REASON FOR LEAVING
			MAY WE CONTACT? Yes IF NOT, WHY?	No
			H 1001, WHI .	
DESCRIBE IN	DETAIL THE	WORK YOU DID.		
		NAME, ADDRESS, TELEPHONE NUMBER	SUPERVISOR'S NAME AND	
DA' FROM	TES	OF EMPLOYER	TITLE	REASON FOR LEAVING
1110111	10			
			MAY WE CONTACT? Yes IF NOT, WHY?	No
			,	
DESCRIBE IN	DETAIL THE	WORK YOU DID.		

REFERENCES

Name 3 persons, other than immedian	e family members or prev	ious employers, whom	n you have known for at	t 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:

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

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

APPLICANT'S NAME: