



# Employment Application

Mail to 236 BAYVIEW AVE., STRATHMERE, NJ 08248 or fax to 609-263-2200

Social Security #: \_\_\_\_\_

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

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone: \_\_\_\_\_  
(Include Area Code)

Are you legally eligible to work in the U.S.?  Yes  No

Are you 18 years of age or older?  Yes  No

**EDUCATION      SCHOOL NAME/LOCATION      COMPLETED      DIPLOMA**

**High School**

**College**

**Other Special  
Training**

**EMPLOYMENT RECORD** If currently employed, may we contact present employer?  Yes  No

List below starting with current or most recent employment. Include seasonal, summer, part-time, self-employment including all periods of unemployment and school dates. Salary information must be completed. False answers or statements, implications or omission of information is sufficient cause for denial of employment or discharge.

**Company Name/Address      Job Title      Date Started/Left      Pay Rate      Reason Leaving**


## U.S. MILITARY SERVICE

Branch of Service \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Rank and Type of Service \_\_\_\_\_

Training/Experience Received \_\_\_\_\_

## **REFERENCES (do not include relatives)**

Name/Occupation/Address/Phone number \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## **EMPLOYMENT**

Type of Work Desired \_\_\_\_\_ Date you can start work \_\_\_\_\_

Salary Desired \_\_\_\_\_

How were you referred to our establishment? \_\_\_\_\_

Last Date you can work \_\_\_\_\_

Have you ever been convicted of a felony, crime, misdemeanor, disorderly person's offense, or other offense (other than a traffic violation) in New Jersey or elsewhere? Yes \_\_\_\_\_ No \_\_\_\_\_

A conviction will not automatically disqualify an applicant for a particular job.

If yes, list conviction(s), date(s), city, state, and result of all convictions. \_\_\_\_\_

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**APPLICANT'S STATEMENT** I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state/federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the company has specifically authorized so in writing by the president of the organization. I understand this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of identity and/or authorization; failure to submit such proof will result in denial of employment.

I understand that this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and all other data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and companies named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_