

**Application for Employment
Caring Partners of Morris/Sussex, Inc.**

This application will remain active for 60 days from date of application.

Applicants are considered for all positions without regard to race, religion, color, sex, national origin, age, marital or veteran status or disability or other classification protected by applicable law.

Date: _____

Last Name: _____ **First Name:** _____ **Middle:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Social Security Number:** _____

Are you a citizen of the United States or otherwise authorized to work in the United States on an unrestricted basis? ____ Yes ____ No

State age if under 18: _____ Are you still a student? _____

Are you presently employed? _____ If so, may we contact your employer? _____

How did you hear about Caring Partners? _____

Were you previously employed by Caring Partners? _____ If so, when?

Have you ever applied for a position with Caring Partners? _____ If yes, when?

If you are offered a position, when would you be available for work?

List friends or relatives currently working for Caring Partners:

List professional, trade, business or civic organizations to which you belong. (You may exclude groups which indicate race, color, religion, sex, national origin, age, marital or veteran status, or disability, or other classification protected by applicable law):

Give name, address and phone number of three references not related to you:

1. _____

2. _____

3. _____

Are you able to perform the essential functions of the job for which you are applying, with or without an accommodation, and if an accommodation is necessary, please state the accommodation needed:

Professional License

Professional License and/or Certifications: License Number and Expiration

Date: _____

CPR _____ Date of Expiration _____ "IV" _____ Facility in which certified

Title VI of the Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex or national origin. Caring Partners complies with this Act in its hiring practices.

Driving History

Driver's License State: _____ License Number: _____ Expiration Date: _____

Have you held a driver's license in any other State? _____ Yes _____ No

If yes, list State and approximate dates held in that State: _____

List all accidents involved or moving violations in over the past 3 years. Give approximate dates.

Education

School	Name & Address	Course of Study	Circle Last Year Completed	List Degree
Elementary			5 6 7 8	
High School			9 10 11 12	
College			1 2 3 4	
Other (Specify)			1 2 3 4	

Summarize special skills and qualifications acquired from employment or other experience:

Employment Experience

List each job held. **Start with your present or last job.** Include military serviced assignments, including the particular branch you served in, and volunteer activities. (You may exclude groups which indicate race, color, religion, sex, national origin, age, marital or veteran status, or disability, or other classification protected by applicable law). Note: a dishonorable or general discharge from military service is not an absolute bar to employment, and other factors will affect a final hiring decision.

Name of Employer	From	To	Job Title
Address	Starting Salary	Ending	Work performed
Telephone	Supervisor's Name		Reason for Leaving

Name of Employer	From	To	Job Title
Address	Starting Salary	Ending	Worked Performed
Telephone	Supervisor's Name		Reason for Leaving

Name of Employer	From	To	Job Title
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Name of Employer	From	To	Job Title
Address	Starting Salary	Ending	Work Performed
Telephone	Supervisor's Name		Reason for Leaving

Agreement

If I am employed, in consideration thereof, I agree to conform to the rules and regulations of Caring Partners and I recognize, understand and agree that my employment compensation can be terminated with or without cause and with or without notice, at any time, at the option of Caring Partners. I understand that no one other than the Executive Director of Caring Partners has the authority to enter into any agreement for a specified period of time, or to make any agreement contrary to the foregoing, and that any such agreement must be in writing and signed by the Executive Director.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements in this application for employment as may be necessary in arriving at an employment decision. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release all parties from all liability for any damage that may result from furnishing the same to you.

In the event of employment, I understand that false, incomplete or misleading information given in my application or interview(s) shall result in termination. I also understand and agree that employment may be subject to my taking a physical examination from a Caring Partners physician and that his/her opinion I must be physically and mentally able to perform the work for which I am applying or being considered. I understand, also, that I am required to abide by all the rules and regulations of Caring Partners.

Signature of applicant: _____

Date: _____