

NORWESCAP, Inc.
The Northwest New Jersey Community Action Partnership, Inc.
APPLICATION FOR EMPLOYMENT

NORWESCAP is an Equal Opportunity Employer that does not discriminate on the basis of sex, age, race, color, creed, religion, marital status, civil union, familial status, domestic partnership, national origin, ancestry, affectional or sexual orientation, gender identity or expression, genetic information, atypical hereditary cellular or blood trait, disability, liability for service in the United States Armed Forces, citizenship or any other characteristic protected by applicable federal, state, or local laws.

Position Applied For: _____

How did you learn about this position: _____

PERSONAL INFORMATION

NAME _____

Last First MI

ADDRESS _____

Street (Include House or Apartment Number and if you have a PO Box include both addresses)

City State Zip Code

TELEPHONE _____ / _____ EMAIL _____

(With Area Codes Included) Home Cell

Have you ever been employed by NORWESCAP before? YES _____ NO _____

If yes, under what name? _____

If yes, what program and position did you fill? _____

If yes, why was employment terminated? _____

Have you ever volunteered at NORWESCAP? YES _____ NO _____

If yes, in what program and position? _____

If yes, why did you stop volunteering? _____

If you are under the age of 18 can you secure a Work Permit? YES _____ NO _____

Are you authorized to work in the United States? YES _____ NO _____

(Proof of your right to work in the United States will be required to be provided within 3 days of hire if an offer of employment is made. Failure to produce the required proof will result in immediate employment termination.)

Have you ever been convicted of a crime or disorderly person's offense? YES _____ NO _____

A conviction will not necessarily be a bar to employment. The nature of the offense, date of the offense and surrounding circumstances and the relevance to the position(s) applied for may, however be considered.

If yes, please explain: _____

If you are applying for a Commercial (Bus or Truck) Driver position do you already possess the required credentials and license needed?

YES _____ Current License Type/Status _____ NO _____

If yes, please provide a copy of your current driver's license and list all appropriate driving experience on a separate sheet of paper.

All Motor Vehicle Regulations including 391.23 of the Motor Carrier Regulations will be followed for commercial driving positions including a Driver Abstract Report review as part of the hiring process. If an applicant's Commercial Drivers License is not considered in good standing then no offer of employment will be made. NORWESCAP is also required by law to conduct a pre-employment drug test and medical screening for all Commercial Driver positions. Before any over the road time is scheduled for a new employee a skills test will be required.

EMPLOYMENT EXPERIENCE

Start with your present or last job. You may include if you wish any job related military service assignments and volunteer activities. If you have a resume you may attach it and skip this section if your resume includes the requested information. If you need additional space continue on a separate sheet of paper.

1. Employer: _____ Dates Employed: _____
From _____ To _____
Address: _____ Phone: _____
City State ZIP
Duties: _____
Supervisor: _____ Position: _____
Reason for Leaving: _____

2. Employer: _____ Dates Employed: _____
From _____ To _____
Address: _____ Phone: _____
City State ZIP
Duties: _____
Supervisor: _____ Position: _____
Reason for Leaving: _____

3. Employer: _____ Dates Employed: _____
From _____ To _____
Address: _____ Phone: _____
City State ZIP
Duties: _____
Supervisor: _____ Position: _____
Reason for Leaving: _____

4. Employer: _____ Dates Employed: _____
From _____ To _____
Address: _____ Phone: _____
City State ZIP
Duties: _____
Supervisor: _____ Position: _____
Reason for Leaving: _____

5. Employer: _____ Dates Employed: _____
From _____ To _____
Address: _____ Phone: _____
City State ZIP
Duties: _____
Supervisor: _____ Position: _____
Reason for Leaving: _____

6. Employer: _____ Dates Employed: _____
From _____ To _____
Address: _____ Phone: _____
City State ZIP
Duties: _____
Supervisor: _____ Position: _____
Reason for Leaving: _____

REFERENCES

Give the name, address and phone number of three individuals who are not relatives and not listed as former employers who have knowledge of your work experience and or education. For Child Care programs and positions the references also need to attest to your suitability to work with children.

1. _____
2. _____
3. _____

NOTE: *As part of the reference checking process former employers will be contacted unless you request a specific employer not be*

contacted.

EDUCATION

High School

Name _____

Address: _____
Street City State Zip

Highest Grade Completed: _____

List Course(s) of Studies: _____

High School

Name _____

Address: _____
Street City State Zip

Highest Grade Completed: _____

List Course(s) of Studies: _____

Under Graduate College/University

Name _____

Address: _____
Street City State Zip

Highest Grade Completed: _____

List Course(s) of Studies and degrees earned: _____

Under Graduate College/University

Name _____

Address: _____
Street City State Zip

Highest Grade Completed: _____

List Course(s) of Studies and degrees earned: _____

Post Graduate College/University

Name _____

Address: _____
Street City State Zip

List Course(s) of Studies and degrees earned: _____

Post Graduate College/University

Name _____

Address: _____
Street City State Zip

List Course(s) of Studies and degrees earned: _____

SPECIALIZED TRAINING PROGRAMS INCLUDING GED PROGRAMS COMPLETED

List Training Program information and degree or certification earned:

Training Program/School

Name _____

Address: _____

Street

City

State

Zip

List Course(s) of Studies and degree or certification earned:

Training Program/School

Name _____

Address: _____

Street

City

State

Zip

List Course(s) of Studies and degree or certification earned:

HONORS, SPECIALIZED TRAINING RECEIVED, APPRENTICESHIPS OR EXTRA-CURRICULAR ACTIVITIES

NORWESCAP offers a competitive wage and benefit package and is an Equal Opportunity Employer. NORWESCAP maintains a Drug Free Workplace. NORWESCAP is committed to a diverse workforce and encourages bilingual individuals to apply.

APPLICANT'S STATEMENT

Please read and sign prior to submitting this Application for Employment.

I understand that this application for employment at NORWESCAP unless otherwise indicated is only good for the position applied for and that I must submit a separate application for any other position. I also understand that any misstatement, omission or misleading information given in my application, resume or interview or in connection with other NORWESCAP records may result in the rejection of my application, the withdrawal of any offer of employment or my dismissal.

I authorize an investigation of all statements contained in this application for employment. I release from liability and responsibility all persons and entities requesting or supplying information about any information provided on this application, including my present employer.

I understand that if an offer of employment is made and accepted a Background Investigation will be conducted. Depending on the position that background check may require finger printing and State of NJ Child Abuse Records clearance before employment can begin. It will also include a review of criminal convictions and motor vehicle violations. Additional appropriate releases will be required for these investigations.

I understand that any employment with NORWESCAP will begin with a two (2) month New Hire Orientation and I understand that if employed by NORWESCAP, both during and subsequent to the Orientation period, I will be employed At-Will, which means I can voluntarily end my employment or be terminated at any time with or without cause or notice. No statement, whether written or oral, by any NORWESCAP representative other than a written statement signed by the Chief Executive Officer may vary the foregoing.

DATE

APPLICANT SIGNATURE