



225 North Center Dr. North Brunswick, NJ 08902

Tel: 732-658-6117 Fax: 732-658-6119

Employment Application

Promise Day Habilitation does not discriminate against any person based on race, national origin, religion, age, or disability in admission, treatment, or participation in its programs, services, and activities or in employment.

Full Name: _____
First Middle Initial Last

Current Address: _____
Number Street City State Zip

Phone Number: () _____ Social Security Number: _____

Email: _____

Are you 18 years of age or older? Yes, No Are you a military Veteran? Yes No

Are you legally able to work in the United States? Yes, No If Yes, Dates of? Active Duty: _____ to _____

Driver's License: State _____ License Number _____

Have you worked for Promise before? Yes, NO When? _____ and Position _____

EMPLOYMENT DESIRED

Job Title: _____ **Date You Can Start:** _____ **Wage Desired:** _____

Are you available for work: Full-Time Part-Time Shift Work Seasonal?

Do you prefer to work with clients who are Children Adults Seniors No Preference?

EDUCATION

COMPLETED

YES, No NAME OF SCHOOL ADDRESS MAJOR DEGREE

High School/GED _____

Technical/Vocational _____

College/University _____

Other _____

Area of Concentration and/or degree(s), Certificates, Licenses, Endorsements: _____

Other Training or Skills (Office Machines Operated, Special Courses, Computer Skills, Used of Word, Excel etc.)

QUALIFICATIONS

The use of illegal drugs is absolutely prohibited under Promise policy. Promise does require employees to submit to drug testing as a condition of continued employment. If asked, will you submit to drug testing? **Yes No**

- | | | |
|---|-----|----|
| Have you received three or more traffic violations in the last 3 years? | YES | NO |
| Has your driver's license been suspended or revoked in the last 3 years? | YES | NO |
| Have you ever been convicted of or pled guilty to a crime? | YES | NO |
| Have you ever been convicted of or pled guilty to a crime involving the abuse, neglect or exploitation of a child or adult? | YES | NO |
| Have you ever been adjudged to be civilly or criminally liable for abuse of a developmentally disabled person receiving | YES | NO |

services from the department or placed in a community residence?

Explain all YES answers below:

Able to speak a language other than English? Yes, No Language spoken: _____
 Do you possess a valid driver's license? Yes No

SPECIALIZED TRAINING, CERTIFICATION OR EXPERIENCE

TRAINING/CERTIFICATION	EXPIRATION DATE	ADDITIONAL COMMENTS
YES No		
First Aid	-----	-----
CPR	-----	-----
Medication Administration	-----	-----
Behavior Support/Diffusion	-----	-----
Crisis Intervention	-----	-----
Habilitation Principles Techniques	-----	-----
Feeding/Swallowing Techniques	-----	-----
Positioning! Transferring/Lifting	-----	-----
Communication Techniques	-----	-----
Defensive Driving	-----	-----
Supported Living, Homemaker, Personal Care	-----	-----
Bloodborne Pathogens	-----	-----
Consumer Ambulation	-----	-----
Other:	-----	-----

Do you have Experience in caring for individual with any of the following?

Yes, NO	Condition	Yes, NO	Condition
	Mental Retardation/Development Disability		Memory Impairments/Alzheimer
	Seizure		Paralysis: Para/Quadriplegia
	Deaf/Hearing Impairments		Bowel Program
	Muscular Dystrophy		Feeding Tubes
	Catheter Care		Mental Health Issues
	Asthma/Breathing Difficulty		Gastrostomy
	Cerebral Palsy		Vision Impairments/Blind
	Nebulizer Treatment		Other

WORK HISTORY

If you are currently employed, may we contact your employer? Yes No

Begin with Current or Most Recent Employer or Position with Employer

(1) Employer: _____ Address: _____ Supervisor: _____
Phone Number: _____
Dates Of Employment: Starting Date: _____ Ending Date: _____ Ending Wage: _____
Position: _____ Description of job: _____ Reason
For Leaving: _____

(2) Employer: _____ Address: _____
Supervisor: _____ Phone Number: _____
Dates of Employment: Starting Date: _____ Ending Date: _____ Ending Wage: _____
Position: _____ Description of job: _____
Reason for Leaving: _____

(3) Employer: _____ Address: _____
Supervisor: _____ Phone Number: _____
Dates of Employment: Starting Date: _____ Ending Date: _____ Ending Wage: _____
Position: _____ Description of job: _____
Reason for Leaving: _____

REFERENCES

Promise requests that all applicants submit (3) references, which may include: current or former employers, supervisors, teachers or others qualified to objectively evaluate your ability to work in the position for which you have applied. Please list the reference information identified below. Promise will be contacting each reference listed.

(1) Name: _____ Relationship to Applicant: _____

Address: _____ Fax Number _____

Daytime phone number: _____ Nighttime phone number: _____

(2) Name: _____ Relationship to Applicant: _____

Address: _____ Fax Number _____

Daytime phone number: _____ Nighttime phone number: _____

(3) Name: _____ Relationship to Applicant: _____

Address: _____ Fax Number _____

Daytime phone number: _____ Nighttime phone number _____

Applicant declaration of understanding

- * I understand that Promise Day Habilitation may conduct and investigate of the information I have noted on this application by contacting my prior employer and references.
- * I understand that any falsification, misrepresentation or omission of information discovered as a result of this investigation may terminate the employment process or if hired, may subject me to the immediate termination of my employment with Promise Day Habilitation.
- * I understand that by signing below, Promise Day Habilitation will check the child and /or adult abuse registries as well as the DCI for a criminal records check. The post-employment discovery of conviction information not provided here will subject me to the disciplinary policy. This will likely result in termination of my employment.
- * I understand that before I may be allowed to drive on agency business vehicle, a driving records check will be conducted. * I understand that nothing contained in this application should be considered as a contract of employment.
- * I acknowledge that I am an employee at will.

Applicant Signature _____ Date _____



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Date: _____

Employee Background Check Required Information:

The following named individual has made an application with Promise Day Habilitation for _____

Last Name

First Name

Middle Name

Date of Birth _____

[Month/Day/Year]

Social Security Number: _____

_____ **Maiden,**

Alias or Former Name:

Current Address: _____

Telephone Number: _____

Driver's License Number: _____ **State** _____

Expiration Date _____ **Male or Female**

I authorize the FBI and New Jersey Division of Criminal Investigation to disclose all criminal history record information to All Promise Day Habilitation for the purpose of employment as specified above.

The expiration of this authorization shall be for a period of one year from the date of my signature.

Consent Signature: _____ **Date:** _____