

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is and Equal Opportunity Employer. The Employer does not discriminate the employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

Signature of Applicant _____ Date _____

AVAILABILITY RECORD/PLEASE COMPLETE

Primary position desired _____

Will you accept another position? -----Yes No

If so, what _____

Are you available to work	Weekends	Yes	No
	Holidays	Yes	No
	Rotating Shifts (If needed)	Yes	No

PLEASE INDICATE DAYS AND SHIFT YOU ARE AVAILABLE FOR WORK

DAYS	SHIFTS
<input type="checkbox"/> Sunday	<input type="checkbox"/> 7:00am - 3:00pm
<input type="checkbox"/> Monday	<input type="checkbox"/> 3:00pm - 11:00pm
<input type="checkbox"/> Tuesday	<input type="checkbox"/> 11:00pm - 7:00am
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Thursday	Please put other shift based on the position applying for if not one of the shifts above.
<input type="checkbox"/> Friday	
<input type="checkbox"/> Saturday	

I UNDERSTAND THAT EMERGENCY CONDITIONS MAY REQUIRE ME TO TEMPORARILY WORK SHIFTS OTHER THAN THE ONE FOR WHICH I AM APPLYING FOR AND AGREE TO SUCH SCHEDULING CHANGE AS DIRECTED BY MY DEPARTMENT OR HEAD ADMINISTRATOR OF THE EASTERN CHRISTIAN CHILDREN'S RETREAT.

APPLICANT'S SIGNATURE _____ DATE _____

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with this company? YES NO

If YES, please explain _____

Do you have responsibilities that would limit your availability? YES NO

If yes, explain _____

Do you limit your annual earnings due to Social Security or other reasons? YES NO

If yes, please state what is the maximum amount you wish to earn _____

Application for Employment



Eastern Christian Children's Retreat
700 Mountain Ave
Wyckoff, NJ 07481-1099
(201) 848-8005 fax: (201) 847-9619
email: eccrhr@eccretreat.org

PLEASE PRINT

Position(s) Applied For _____ Date of Application _____

Referral Source Advertisement Internet Job Fair Employment Agency
 Employee Relative Other

Name of Source (If Applicable) _____ Relationship _____

Name _____
Last First Middle

Address _____
Street City State Zip

Home Telephone () _____ Cellular or Alternate Phone () _____

What is the best time to call you at home? _____

May we contact you at work? _____ YES NO

If yes, Work Phone Number and best time to call () _____ am / pm

If you are under 18, can you furnish a work permit? _____ YES NO

Have you filed an application here before? _____ YES NO

If yes, give approximate date _____

Have you ever been employed here before? _____ YES NO

If yes, give date _____ From _____ To _____

Are you legally eligible for employment in this country? _____ YES NO
(Proof of U.S. Citizenship or immigration status will be required upon employment)

Date available for work _____

Type of employment desired (please circle) Full Time Part Time Temporary Seasonal Educational Co-op

Are you on lay-off and subject to recall? _____ YES NO

Will you relocate if job requires it? YES NO Will you travel if job requires it? YES NO

Will you work overtime if required? _____ YES NO

Driver's license number (if required by job) _____ State _____

Is your driver's license currently in good standing? _____ YES NO

Have you ever been convicted of a crime? _____ YES NO
(Such conviction may be relevant if job related, but does not bar you from employment)

If YES, please explain _____

Employment History

Please complete the entire application (even when submitting a resume)

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the comments section below.

Employer	<i>Dates Employed</i>		Summarize the nature of the work performed and the job responsibilities.
	<i>From</i>	<i>To</i>	
Address			
Job Title	<i>Hourly Rate/Salary Starting</i>		
Immediate Supervisor and Title	\$	Per	
Reason for Leaving	<i>Hourly Rate/Salary Final</i>		
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	\$	Per	
Employer:	Telephone:		

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	<i>From</i>	<i>To</i>	
Address			
Job Title	<i>Hourly Rate/Salary Starting</i>		
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Reason for Leaving	<i>Hourly Rate/Salary Final</i>		
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	\$	Per	
Employer:	Telephone:		

Comments (include explanation of any gaps in your employment)

Skills and Qualifications Summarize special skills and qualification acquired from employment or other experiences that my qualify you to work with our company.

Educational Background

- A. List High School/Trade School/College(s) attended starting with most current.
 B. Proof of HS Diploma and/or Degree(s) must be provided prior to employment if required for the position.

Name of High School/Trade School/College(s)	No. Year Completed	Degree/Diploma	Major	Minor

List any foreign language(s) and check the box that best describes your skill level.

Language	Read and Write	Read and Speak	Read Only	Speak Only

References

List name and telephone number of three business/work references who are *not* related to you. If not applicable, list three school or personal references who are *not* related to you.

Name	Telephone	How Do You Know Reference?	Years Known

List professional, trade, business, or civic associations and any offices held. (Exclude membership which reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Position Held

Statement of Employment Application

I have acknowledged that the Eastern Christian Children's Retreat is a nonprofit organization that serves the needs of individuals with developmental disabilities. I would further acknowledge that I have not been adjudicated (judged) civilly or criminally liable for the abuse of a person with developmental disabilities or a person with developmental disabilities receiving services from the Department of Human Services or placed in a community residence regulated by the Division of Developmental Disabilities, Office of Licensing.

Signature

Date