



**CEREBRAL PALSY
OF NORTH JERSEY**

Employment Application

Cerebral Palsy Of North Jersey, A Non-Profit Corporation, Is An Equal Opportunity Employer That Does Not Discriminate On The Basis Of Sex, Age, Race, Color, Creed, Religion, Marital Status, National Origin, Ancestry, Affectional Or Sexual Orientation, Atypical Hereditary Cellular Or Blood Trait, Non-Job Related Handicap Or Disability, Liability For Service In The United States Armed Forces, Citizenship Or Any Other Characteristic Protected By Applicable Federal, State Or Local Laws. Upon Request, CPNJ Will Make A Reasonable Accommodation To Known Physical Or Mental Limitations Of A Qualified Applicant Or Employee With A Disability Unless The Accommodation Would Impose An Undue Hardship On The Operation Of The CPNJ.

PERSONAL INFORMATION

Name:		
<i>First</i>	<i>Middle</i>	<i>Last</i>
Address:		
<i>Street</i>		<i>City, State, Zip Code</i>
Email Address:		
Home Telephone:		Cell Phone:
<i>Please answer the following questions:</i>		
Are you at least 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If under 18 years of age, do you have a work permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have authorization to work in the U.S. on a full-time continuous basis? <i>If You Answer "Yes" You Must Complete The I-9 Form Required By The U.S. Immigration And Naturalization Service No Later Than Three (3) Business Days After Your Date Of Hire.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of or pleaded guilty to a crime or any other offense, other than a traffic violation, which has not been expunged or sealed by a court? <i>Note: A criminal conviction will not necessarily be a bar to employment. To help CPNJ evaluate your application, please describe the date of the offense and the nature of the offense. CPNJ is subject to state and federal law that may limit the ability to extend employment to persons convicted of certain enumerated offenses.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe in full:	
Do you hold a valid drivers license? <i>Answer this question only if the position for which you are applying requires a driver's license.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been adjudged civilly or criminally liable for abuse of a developmentally disabled person receiving services from the Department or placed in a community residence regulated by 10:44A? <i>Answer this question only if you are an employment candidate for Group Homes, Adult Training Centers or Administration.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If you are applying for a position that includes among its responsibilities transportation of consumers, you must complete the following:

List all motor vehicle convictions that you have sustained in the past ten (10) years that involve: 1) a moving violation; 2) a safety violation; 3) careless or reckless driving; 4) driving while impaired, or 5) suspension or revocation of driving privileges.

EMPLOYMENT DESIRED

Position for which you are applying:		
<i>Select one:</i> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary <input type="checkbox"/>		
Date of Availability:		
Have you ever applied to CPNJ before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when:
Have you ever been employed by CPNJ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when: In what position: What was the reason your employment ended?
Were you referred by a CPNJ employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, who referred you?
Are you able to perform the essential functions of the position for which you have applied, with or without an accommodation?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

FORMER EMPLOYMENT

List below your work experiences, starting with your present or last place of employment

Dates Employed	Job Title	Name & Address of Employer	Name of Supervisor	Starting Salary	Ending Salary	Reason for Leaving

May we contact your present employer at this time? Yes ____ No ____

EDUCATION

	Name & Location of School	Course of Study	Number of Years Completed	Diploma or Degree Received
High School				
College				
Vocational or Trade School				
Graduate School				

SKILLS

Licenses held and date of expiration:
Certificates held:
Office skills/software:
List professional, trade, business or civic activities or memberships:

REFERENCES

(Please list at least two business references. Please do not list a relative or family member.)

Name	Occupation	Address	Phone #

APPLICANT'S STATEMENT

I understand that any misstatement, omission or misleading information given in my application, resume or interview or in connection with other CPNJ 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 give permission to contact any or all of my previous employers and references and authorize them to provide all information requested of them.

I acknowledge that any offer of employment is contingent upon my satisfactorily completing the pre-employment medical examination and/or inquiry. Such medical exam and/or inquiry may include a pre-employment drug or alcohol test.

I acknowledge that due to the nature of the position for which I am applying, CPNJ will need to conduct criminal history and background investigations, request motor vehicle driver abstracts or perform drug or alcohol tests at various intervals during my employment as required under law or CPNJ's personnel policies.

I understand that if I become employed by CPNJ, I will be an employee at-will, which means that I can voluntarily end my employment or be terminated at any time without cause or notice. I understand that no management representative has any authority to enter into any agreement for continuing employment for any specific period of time or that varies in any way the at-will nature of my employment other than by a written statement signed by the Executive Director.

Applicant:

Date: _____ Signature: _____

Reviewed By:

Date: _____ Signature: _____