APPLICATION FOR EMPLOYMENT OF HARVEY CEDARS

P.O. BOX 3185, HARVEY CEDARS, NJ 08008

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

	()	PLEASE PRINT)				
Position(s) Applied for			Da	ate of App	plication	
How Did You Learn Abou	t Us?					,
Advertisement	Friend	Relative	Other_			
Last Name		First Name				Middle
Street Address						
City			Sta	ate		Zip Code
Telephone Number			So	cial Secu	rity Number	,
Best time to contact you	at home is:					am / pm
Are you over 18 years o	f age?				Yes	No
Have you ever been emp If yes, give date		efore?			Yes	No
Do any of your friends of If yes, state name and re				_	Yes	No
Are you currently emplo	yed?				Yes	No
May we contact your pro	esent employer?)			Yes	No
Are you prevented from country because of Visa Proof of citizenship or in	or Immigration	Status?			Yes	No
Are you currently on "la	y-off" status and	d subject to recall?			Yes	No
Can you travel if a job re	equires it?				Yes	No
Date available for work				-		
What is your desired sal	ary range?					

EDUCATION

School	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

		-
Employer	Dates Employed	Work Performed
Address	From To	
Telephone Number(s)		
Starting/Present Job Title	May We Contact?	
Supervisor	Yes 🗖	
Reason for Leaving	No 🗖	
Employer	Dates Employed	Work Performed
Address	From To	
Telephone Number(s)		
Starting/Present Job Title	May We Contact?	
Supervisor	Yes 🗖	
Reason for Leaving	No 🗖	
Employer	Dates Employed	Work Performed
Address	From To	
Telephone Number(s)		
Starting/Present Job Title	May We Contact?	
Supervisor	Yes 🗖	
Reason for Leaving	No 🗖	

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

SPECIALIZED SKILLS (Skills/Equipment Operated)

Please list type of equip	oment/software (where applicable) and check level of	experience (3 be	ing highest)	:	
	Type	<u>0</u>	1	2	3
PC Computer					
Operating System					
Word Processing					
Spreadsheet					
Database					
Accounting					
Typewriter					
Other					
State any additional i	nformation you feel may be helpful to us in con	sidering your a	oplication.		

PERSONAL / PROFESSIONAL REFERENCES (Do not include family members or past supervisors.)

Name	Phone No.	Occupation
1.		
2.		
3.		

Applicant's Statement

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "*at will*" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Arrange Interview 🗌 Yes	🗆 No	
Remarks		
		INTERVIEWER DATE
Employed 🗌 Yes 🗌 No	Date of Employment _	
Job Title	Hourly Rate/ Salary Depart	ment
By	NAME AND TITLE	
By	NAME AND TITLE	DATE