



200 Robin Road  
Paramus, New Jersey 07652  
Bus: 201.261.2800 / Fax: 201.634.3672  
www.cafsnj.org  
EQUAL OPPORTUNITY EMPLOYER  
APPLICATION FOR EMPLOYMENT

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HR (Rev. 04.2016)

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**GENERAL INSTRUCTIONS**

- A. Complete both pages of this form
- B. Answer all questions accurately and completely
- C. Notify our office promptly of any change of address
- D. False statements are cause for rejection of this application, removal of Name from eligible list or dismissal from a position.

**APPLICATION ACCEPTED FOR OPEN ADVERTISED POSITIONS ONLY.**

POSITION APPLIED FOR (exact title):

**Note: Children's Aid and Family Services is an "At Will" Employer  
All Applicants will be required to furnish proof of identity and legal work authorization upon**

How did you hear of this agency?	Resume Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you previously interviewed for any position in this agency before? Yes <input type="checkbox"/> No <input type="checkbox"/>	Salary Requirement: \$

<p>1. Name: _____ (Last) (First) (Middle Initial)</p> <p>Address: _____ (Number and Street)</p> <p>_____ (City) (State) (Zip Code)</p> <p>_____ (Contact Number) (E-mail Address)</p>	<p>5. Are you a previous employee of Children's Aid and Family Services? If yes, give dates: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>From: _____ To: _____ Dept./Program: _____</p> <p>Position: _____</p> <p>6. Do you know, or are you related to anyone working for Children's Aid and Family Services? Past or Present If yes, please provide below:</p> <p>Name: _____ Relationship: _____</p>
<p>2. Do you have a Valid Driver's License Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Has your license ever been suspended or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, explain below under item No. 12</p>	<p>7. Are you now or have you been involved in post-grad training? If yes, what programs: _____</p> <p>Do you hold a current valid NJ Professional License? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, list below under item No. 12</p>
<p>3. If hired can you provide documentation that you are of working age? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>8. Is there any reason why you cannot perform the requirements of the job as described? Please explain under item No. 12 Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>4. Can you, upon employment provide documentation establishing your identity and eligibility to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>9. <b>EDUCATION:</b> Do you have a high school diploma? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you have a GED? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Name and address of high school or GED/Issuing Agency: _____</p>

SCHOOL	NAME & ADDRESS	DID YOU GRADUATE	MAJOR COURSE OF STUDY	CERTIFICATE/DEGREE
Jr. College, Technical or Vocational School		Yes <input type="checkbox"/> No <input type="checkbox"/>		
College or University		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Graduate School		Yes <input type="checkbox"/> No <input type="checkbox"/>		

**You will be required to provide the agency with official transcript(s) from your school and allow us to make copies of relevant license(s) and/or certification(s).**

11 A. Languages Spoken:	11 B. Software Applications:
12. Remarks:	

13. **EXPERIENCE:** Please account for all employment within the last ten (10) years, including military services beginning with your current or most recent employer. In addition, list any other experience that is relevant to the position for which you are applying. You may include volunteer experience and internships. Resumes are required and are not a substitute for this form. You may attach additional sheets as needed. *Note: Failure to complete this form in its entirety may lead to the disqualification of your application.*

From (Mo/Yr)	Title of Position	Company Name	Phone	Name of Immediate Supervisor
To (Mo/Yr)	Address – Number and Street	City	State Zip	Reason for Leaving
Salary: _____ Hourly <input type="checkbox"/> Annual <input type="checkbox"/>	Description of Duties: _____ _____			
Hours Worked Per Week				
Type of Business:				

From (Mo/Yr)	Title of Position	Company Name	Phone	Name of Immediate Supervisor
To (Mo/Yr)	Address – Number and Street	City	State Zip	Reason for Leaving
Salary: _____ Hourly <input type="checkbox"/> Annual <input type="checkbox"/>	Description of Duties: _____ _____			
Hours Worked Per Week				
Type of Business:				

From (Mo/Yr)	Title of Position	Company Name	Phone	Name of Immediate Supervisor
To (Mo/Yr)	Address – Number and Street	City	State Zip	Reason for Leaving
Salary: _____ Hourly <input type="checkbox"/> Annual <input type="checkbox"/>	Description of Duties: _____ _____			
Hours Worked Per Week				
Type of Business:				

From (Mo/Yr)	Title of Position	Company Name	Phone	Name of Immediate Supervisor
To (Mo/Yr)	Address – Number and Street	City	State Zip	Reason for Leaving
Salary: _____ Hourly <input type="checkbox"/> Annual <input type="checkbox"/>	Description of Duties: _____ _____			
Hours Worked Per Week				
Type of Business:				

NOTE: If you need to add more information regarding experience, you may attach plain sheets and use the format shown above

**I CERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE**

I hereby authorize the Human Resources Department to verify any of this information to determine my capabilities for employment, and authorize release of information from my previous employers concerning my job performance. I understand that any statement found not to be materially correct constitute grounds for my dismissal.

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**APPLICATION MUST BE SIGNED AND DATED TO BE ACCEPTED FOR PROCESSING**

- \*Employees working directly with children will be required to submit a health certification from their physician and the results of a Mantoux test.
- \* All employees will be required to submit to a CARI and fingerprint check.