

## 200 Robin Road Paramus, New Jersey 07652 201.261.2800 www.cafsnj.org EQUAL OPPORTUNITY EMPLOYER

### APPLICATION FOR EMPLOYMENT

### 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.

# APPLICATIONS 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  No  No  |  |                   |                    |  |  |
|--|----------------------------|---------------|---|--|-------------------|--------------------|--|--|
| Have you previously interviewed for any position in this agency before? Ye   |                            |               |   | s 🗆 No 🗆 Salary Requirement: \$  |                   |                    |  |  |
| 1. Name:   |                            |               | 5. Are you a previous employee of Children's Aid and Family Services?<br>If yes, give dates:       Yes □ No □         From:       To:       Dept./Program:  |  |                   |                    |  |  |
|  |                            |               | Position:   |  |                   |                    |  |  |
| (City) (State) (Zip Code)  |                            |               | 6. Do you know, or are you related to anyone working for Children's Aid and<br>Family Services? Past or Present If yes, please provide below:   |  |                   |                    |  |  |
| (Contact Number)   | t Number) (E-mail Address) |               |   | Name: Relationship:  |                   |                    |  |  |
| 2. Do you have a Valid Driver's License       Yes       □       No       □         Has your license ever been suspended or revoked? Yes       □       No         □       If yes, explain below under item No. 12 |                            |               | <ul> <li>7. Are you now or have you been involved in post-grad training?<br/>If yes, what programs:</li> <li>Do you hold a current valid NJ Professional License? Yes □ No</li> <li>□ If yes, list below under item No. 12</li> </ul> |  |                   |                    |  |  |
| 3. If hired can you provide documentation that you are of working age?<br>Yes □ No □   |                            |               | <ul> <li>8. Is there any reason why you cannot perform the requirements of the job as described? Please explain under item No. 12</li> <li>Yes □ No □</li> </ul>  |  |                   |                    |  |  |
| <ul> <li>4. Can you, upon employment provide documentation establishing your identity and eligibility to work in the United States?</li> <li>Yes □ No □</li> </ul>   |                            |               |   | 9. EDUCATION: Do you have a high school diploma? Yes Do Do you have a GED? Yes No N/A Name and address of high school or GED/Issuing Agency: |                   |                    |  |  |
| SCHOOL   | NAME & ADDRESS             | DID '<br>GRAD | YOU<br>DUATE  | MAJO   | R COURSE OF STUDY | CERTIFICATE/DEGREE |  |  |
| Jr. College, Technical<br>or Vocational School   |                            | Yes □<br>No □ |   |  |                   |                    |  |  |
| College or University  |                            | Yes □<br>No □ |   |  |                   |                    |  |  |
| Graduate School  |                            | Yes □<br>No □ |   |  |                   |                    |  |  |
| 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 disgualification of your application.* 

| eaa io ine                     | aisquaiijication oj your application |              |       |     |                              |  |  |  |  |
|--------------------------------|--------------------------------------|--------------|-------|-----|------------------------------|--|--|--|--|
| From<br>(Mo/Yr)                | Title of Position                    | Company Name | Phone |     | Name of Immediate Supervisor |  |  |  |  |
| To<br>(Mo/Yr)                  | Address – Number and Street          | City         | State | Zip | Reason for Leaving           |  |  |  |  |
| Description                    | on of Duties:                        |              |       |     |                              |  |  |  |  |
|                                |                                      |              |       |     |                              |  |  |  |  |
| Hours<br>Worked                |                                      |              |       |     |                              |  |  |  |  |
| Per                            |                                      |              |       |     |                              |  |  |  |  |
| Week Type of Business:         |                                      |              |       |     |                              |  |  |  |  |
| From<br>(Mo/Yr)                | Title of Position                    | Company Name | Phone |     | Name of Immediate Supervisor |  |  |  |  |
| To<br>(Mo/Yr)                  | Address – Number and Street          | City         | State | Zip | Reason for Leaving           |  |  |  |  |
| Descriptio                     | on of Duties:                        |              |       |     |                              |  |  |  |  |
|                                |                                      |              |       |     |                              |  |  |  |  |
| TI                             | <b></b>                              |              |       |     |                              |  |  |  |  |
| Hours<br>Worked<br>Per<br>Week |                                      |              |       |     |                              |  |  |  |  |
| Type of E                      |                                      |              |       |     |                              |  |  |  |  |
| From<br>(Mo/Yr)                | Title of Position                    | Company Name | Phone |     | Name of Immediate Supervisor |  |  |  |  |
| To<br>(Mo/Yr)                  | Address – Number and Street          | City         | State | Zip | Reason for Leaving           |  |  |  |  |
| Description                    | on of Duties:                        |              |       |     |                              |  |  |  |  |
|                                |                                      |              |       |     |                              |  |  |  |  |
| Hours<br>Worked                |                                      |              |       |     |                              |  |  |  |  |
| Per<br>Week                    |                                      |              |       |     |                              |  |  |  |  |
| Type of E                      | susiness:                            |              |       |     |                              |  |  |  |  |
| From<br>(Mo/Yr)                | Title of Position                    | Company Name | Phone |     | Name of Immediate Supervisor |  |  |  |  |
| To<br>(Mo/Yr)                  | Address – Number and Street          | City         | State | Zip | Reason for Leaving           |  |  |  |  |
| Descriptio                     | Description of Duties:               |              |       |     |                              |  |  |  |  |
|                                |                                      |              |       |     |                              |  |  |  |  |
| Hours<br>Worked                |                                      |              |       |     | I                            |  |  |  |  |
| Per<br>Week                    |                                      |              |       |     |                              |  |  |  |  |
|                                | Type of Business:                    |              |       |     |                              |  |  |  |  |

NOTE: If you need to add more information regarding your 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.