



65 Highland Avenue, PO Box 339
Peapack, NJ 07977
www.matheny.org 908-234-0011

EMPLOYMENT APPLICATION

(Please Print)

Name _____ Date: _____

Address: _____ SSN: _____

City, State Zip: _____ Phone: _____

Position/Shift Applied For: _____

Date Available For Work: _____ Full or Part Time: _____

Email: _____

EMPLOYMENT EXPERIENCE

(Please list most recent experience first. Past employers will be contacted prior to an offer of employment.)

Job Title: _____ **Dates Employed:** From _____ To _____

Employer Name/Address: _____

Supervisor: _____ **Phone:** (_____) _____

Job Responsibilities: _____

Reason for Leaving: _____

Job Title: _____ **Dates Employed:** From _____ To _____

Employer Name/Address: _____

Supervisor: _____ **Phone:** (_____) _____

Job Responsibilities: _____

Reason for Leaving: _____

Job Title: _____ Dates Employed: From _____ To _____

Employer Name/Address: _____

Supervisor: _____ Phone: (_____) _____

Job Responsibilities: _____

Reason for Leaving: _____

EDUCATION

| | <u>Name/Location</u> | <u>Course</u> | <u>Years Completed</u> | <u>Degree/Diploma</u> |
|-------------|----------------------|---------------|------------------------|-----------------------|
| High School | _____ | _____ | _____ | _____ |
| College | _____ | _____ | _____ | _____ |
| Other | _____ | _____ | _____ | _____ |

Please list any additional information that relates to your ability to perform the job for which you have applied--such as licenses, certifications, professional memberships, hobbies, special skills/qualifications.

| | YES | NO |
|---|-----|----|
| May we contact your present employer? | | |
| Have you applied for employment at Matheny before? | | |
| Have you been adjudged to be civilly or criminally liable for abuse of a developmentally disabled person? | | |
| Are you eligible to work in the United States? | | |
| Are you 18 years of age or older? | | |
| Are you a veteran of the U.S. Military Service? | | |

Who may we thank for referring you? _____

U.S. MILITARY SERVICE

Branch of Service: _____ From: _____ To: _____

Rank & Type of Service: _____

Training/Experience Received: _____

PROFESSIONAL REFERENCES ONLY

Name: _____ Phone: (_____) _____

Relationship: _____ # Of Years Known: _____

Email: _____

Name: _____ Phone: (_____) _____

Relationship: _____ # Of Years Known: _____

Email: _____

Name: _____ Phone: (_____) _____

Relationship: _____ # Of Years Known: _____

Email: _____

I certify that all statements herein are true and complete and that any misrepresentation or willful omission shall be sufficient cause for dismissal or refusal of employment.

I understand that the Matheny Medical and Educational Center follows an "employment at will" policy, and that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law. The Matheny Medical and Educational Center also reserves the right to change policies/procedures and/or terms of employment at any time.

I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identify within their first 3 days of employment: failure to submit such proof will result in denial of employment. I understand that successful completion of a medical examination and a Criminal History Review are prerequisites for employment at The Matheny Medical and Educational Center.

The Matheny Medical and Educational Center is authorized to thoroughly investigate my work and personal history and verify all data given on this application, on related papers and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

Signature of Applicant

Date

(To be completed by Matheny officials.)

Name of Applicant: _____ Date of Interview: _____

Comments/Observations (Personnel Department): _____

Reference Checks and Notations--Attempts will be made to obtain written references. Hand delivered reference letters should be verified. Phone references should indicate date of contact, name of source and content of discussion.

1) Name of Reference: _____ Date of Reference: _____

Reference: _____

_____ Reference taken by: _____

2) Name of Reference: _____ Date of Reference: _____

Reference: _____

_____ Reference taken by: _____

3) Name of Reference: _____ Date of Reference: _____

Reference: _____

_____ Reference taken by: _____

Position/Department: _____ Start Date: _____

Salary: Annual: _____ Hourly: _____ Budgeted Hrs: _____/wk

On Hill: _____ ()Room ()Apt Off Hill: _____ Physical Date: _____

Primary Shift: Day: _____ Evening: _____ Night: _____ W/E: _____

PTO Accrual Code: _____ ESB Accrual Code: _____

Supervisor/Department Head

Director of Human Resources

HR: 12/14 VJH
HR: 03/15 VJH