

Homestead Rehabilitation and HealthCare Center

129 Morris Turnpike Newton, New Jersey 07860

(973) 948-5400

An Equal Opportunity Employer

Application For Employment

Date: _____

Name: _____
(Last / First / Middle)

Address: _____
(No. Street / City / State / Zip Code)

Telephone: (____) _____ - _____ Email Address: _____

Are you 18 years of age or older? Yes ___ No ___

If hired, can you provide written evidence that you are authorized to work in the U.S.? Yes ___ No ___

EMPLOYMENT

Position Applied For: _____ Salary Desired: \$ _____

Full-time Part-time Either Shift Desired: Day Evening Midnight

How Were You Referred To Our Organization? _____

Do You Have Any Relatives Who Are Employed By This Organization? Yes ___ No ___

Please Specify: _____

Is there any information we would need about your name, or use of another name, for us to be able to check your work record? Yes ___ No ___

Please Specify: _____

EMPLOYMENT RECORD

Company Name/Address/Phone #	Kind of Work	Date: Started/Left	Rate of Pay	Reason for Leaving
1. _____	_____	_____	_____	_____

EMPLOYMENT RECORD – Continued from Page 1

2. _____ | _____ | _____ | _____ | _____

3. _____ | _____ | _____ | _____ | _____

4. _____ | _____ | _____ | _____ | _____

EDUCATION

Type	Name/Location	Course of Study	# Years Completed	Degree/Diploma
Elementary & Jr. High	_____	_____	_____	_____
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Technical or Other	_____	_____	_____	_____

U.S. MILITARY SERVICE

Branch of Service _____

From _____ to _____

Rank and Type of Service _____

Training/Experience Received _____

REFERENCES (Do Not Include Relatives)

Name/Address/Phone Number/Years Known

1. _____

2. _____

3. _____

Please list any additional information that relates to your ability to perform the job for which you have applied such as licenses, professional memberships, hobbies, etc.

*Are you capable of performing the essential functions of the position you are applying for with or without a reasonable accommodation? Yes _____ No _____

APPLICANT'S STATEMENT

I understand that the employer follows an “employment at will” policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this “employment at will” policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of sixty days; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will 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.

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

Signature: _____ Date: _____

CONSUMER REPORT DISCLOSURE
AND AUTHORIZATION

I understand that as part of Homestead Rehabilitation & HealthCare Center (“Employer”) evaluation of me for employment purposes, the Employer may obtain consumer reports about the undersigned. The reports may include the undersigned’s record of criminal convictions, as well as other information regarding the undersigned’s credit standing and/or capacity, reputation, character, personal characteristics and/or mode of living. Such reports may be obtained for purposes of evaluating me for employment, promotion, reassignment or retention as an employee. Subsequent consumer reports may be requested and/or utilized by the Employer in connection with an update, renewal, extension, or continuation of employment.

I authorize the Employer to contact consumer reporting agencies to obtain consumer reports as described above.

I understand that if a consumer report is obtained by the Employer, before it takes any adverse action against me based in whole or in part on the report, the Employer will provide me with a copy of the report and a summary of my legal rights. I understand that, upon my request, the Employer will inform me whether a consumer report was requested and if such a report was requested, the name and address of the consumer reporting agency that furnished the report.

Date: _____

Signature of Applicant/Employee