

# Employment Application

This form may be completed "online". Then use the print button to print it to your local printer. After printing remember to fill out the bottom of the last two pages.



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**ANSWER ALL QUESTIONS. INCOMPLETE APPLICATIONS WILL BE REJECTED**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**State/Province:** \_\_\_\_\_

**Zip/Postal Code:** \_\_\_\_\_

**SS Number:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

18 or older?  Yes  No If No, Date of Birth?

Did any employer, school or reference know you by another name?  Yes  No

If Yes, indicate other name: \_\_\_\_\_

**Positions Applied for:** \_\_\_\_\_

**Salary Desired:** \_\_\_\_\_

**When available to begin work?** \_\_\_\_\_

**Hours Available to Work:**

**Mon** \_\_\_\_\_

**Tues** \_\_\_\_\_

**Wed** \_\_\_\_\_

**Thurs** \_\_\_\_\_

**Fri** \_\_\_\_\_

**Sat** \_\_\_\_\_

**Sun** \_\_\_\_\_

Full-Time  Part-time  Full or part-time

**Education**

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
High School			
College Bus. or Trade School			
Professional School			
Other			

**Have you ever been convicted of a crime:**  yes  no

**If yes, please explain**

**Do you have a drivers license?**  yes  no

**State of issue:** \_\_\_\_\_

**Have you had any accidents in the past 3 years?**  yes  no

**How many?** \_\_\_\_\_

**Do you had any moving violations in the past 3 years?**  yes  no

**How many?** \_\_\_\_\_

Continue on the next page

## Previous Employment (list up to 3)

1.

Name of Employer: \_\_\_\_\_

Name of last supervisor: \_\_\_\_\_

Dates of employment:

From: \_\_\_\_\_

To: \_\_\_\_\_

Salary:

From: \_\_\_\_\_

To: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Last job title: \_\_\_\_\_

Reason for Leaving (be specific):  
\_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:  
\_\_\_\_\_

May we contact your employer:     yes     no

2.

Name of Employer: \_\_\_\_\_

Name of last supervisor: \_\_\_\_\_

Dates of employment:

From: \_\_\_\_\_

To: \_\_\_\_\_

Salary:

From: \_\_\_\_\_

To: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Last job title: \_\_\_\_\_

Reason for Leaving (be specific):  
\_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:  
\_\_\_\_\_

May we contact your employer:     yes     no

**3.**

Name of Employer: \_\_\_\_\_

Name of last supervisor: \_\_\_\_\_

Dates of employment:  
From: \_\_\_\_\_ To: \_\_\_\_\_

Salary:  
From: \_\_\_\_\_ To: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Last job title: \_\_\_\_\_

Reason for Leaving (be specific):  
\_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:  
\_\_\_\_\_

May we contact your employer:  yes  no

Skills: \_\_\_\_\_

Typing: \_\_\_\_\_

Computer:  PC  Mac  Both

Applications (list all that apply): \_\_\_\_\_

Other Skills:  
\_\_\_\_\_

**Please list 2 references other than relatives and previous employers**

Name		
Position		
Company		
Telephone		

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying:  
\_\_\_\_\_

This Company is an equal opportunity employer. In all our employment practices, including hiring, we are firmly committed to equal opportunity without regard to race, religion, color, sex, age, national origin, citizenship, disability or any other basis of discrimination prohibited by applicable local, state or federal law. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on such grounds.

## AGREEMENT

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN IN THE SPACE PROVIDED:

I hereby certify that I have read and fully completed this application and that the facts set forth in this employment application (and accompanying resume, if any) are true and correct to the best of my knowledge, and I agree and understand that any misrepresentation or falsification of information or omission of information during the employment application process may disqualify me from further consideration for employment and, if employed, will subject me to dismissal. I further certify that I am a true and bona fide job applicant, honestly interested in working in the position(s) for which I have applied, and am seeking employment with this company solely to provide me with the benefits of a job and for no other purpose.

I understand that in connection with my application for employment an inquiry into my background may include an investigative consumer report, which provides applicable information concerning character, general reputation, personal characteristics and standard of living. I understand that I have the right to make a written request within a reasonable period of time for information as to the nature and scope of any such report. If I am denied a job based either wholly or in part because of information contained in an investigative consumer report, I will be provided the name and address of the reporting agency that supplies the information.

I acknowledge that the Company reserves the right to modify or amend its policies at any time, without prior notice. These policies do not create any promises or contractual obligations between this Company and its employees. At this Company, my employment is at will. This means I am free to terminate my employment at any time, for any reason, with or without cause, and this Company retains the same rights. I further understand and agree that the Owner/President of this Company is the only person who may make an exception to this, including the at-will status of my employment, and it must be in writing and duly executed by the Owner/President of this Company.

All applications will be kept on file for sixty days. Applicants who desire consideration for employment after sixty days should complete and submit a new application.

If applicable to my employment, I have read and understood the notice regarding polygraph tests and my rights under this state's law.

**AUTHORIZATION TO RELEASE INFORMATION:** I authorize the references and/or employers listed on this application to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing such information to you. I agree and understand that the Company and its agents may investigate or seek information concerning my background and/or previous employment, whether of record or not. I further agree and understand that if employed, the Company may at any time seek any information from whatever source, which in its discretion, it deems relevant to my employment.

**NO DRUG USE POLICY:** This company does not hire persons who use illegal drugs. All persons seeking employment or employed with this Company may be required to take and pass a screen for illegal drugs, and may be subject to periodic tests for illegal drugs. I hereby voluntarily consent to provide a urine specimen (or blood specimen as required for alcohol testing only) at a collection facility designated by the Company, and further consent to have the specimen tested at a laboratory selected by the company. I hereby certify that

**I (check one) do \_\_\_ or do not \_\_\_ use illegal drugs.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

DISCLOSURE TO EMPLOYMENT APPLICANT REGARDING PROCUREMENT OF CONSUMER REPORT

In connection with your application for employment and as part of the process of considering your candidacy as an employee, we may procure, or cause to be procured, a consumer report on you. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

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Print Name

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Social Security Number

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Applicant's Signature

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Date