

# Employment Application

Lakewood Economic Action Program, Inc.

30 East Eighth Street

Lakewood, NJ 08701



Position(s) applied: \_\_\_\_\_ Date of application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
LAST FIRST MIDDLE

Current Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Telephone #: \_\_\_\_\_

Are you a U.S. Citizen or are you lawfully authorized to work in the United States?  Yes  No

US citizenship is not required. You must be authorized to work in the US according to Department of Homeland Security, US Citizenship and Immigration Services regulations. Documentation of authorization is required at time of hire.

Did you make any agreements with your previous employer(s) in which you promised not to compete with other companies after you left or in which you promised to keep information confidential? .....  Yes  No

If yes, please explain: \_\_\_\_\_

*By regulations of our grant(s) and NJ Office of Licensing, all employees are required to complete fingerprinting and receive clearance prior to hire, as well as, clearance for Child Abuse Record of Information (CARI) upon hiring.*

Do you have a valid driver license? .....  Yes  No

If yes, please complete Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_

Most of our job descriptions require a valid driver license for use of our agency vehicles and required home visits. Bus drivers are required to have a New Jersey Commercial Driver License (CDL) with P and S endorsements as regulated by the department of transportation, as well as, a current New Jersey CDL Health Certificate (physical). Each applicant must consent to a background and driving record check, fingerprinting and random drug testing. All requirements must be met prior to hire.

Were you ever previously employed by L.E.A.P., Inc. or O.C.E.A.N., Inc.?.....  Yes  No

If yes, list agency, dates and position(s): Agency: \_\_\_\_\_ Dates: \_\_\_\_\_ Position: \_\_\_\_\_

Did you ever volunteer or complete an internship with L.E.A.P., Inc.?  Yes  No

If yes, list dates and position(s) \_\_\_\_\_

Are you a current or former parent of Early Head Start / Head Start?  Yes If so, when? \_\_\_\_\_  No

Type of employment desired:  Full-time  Part-time  Substitute (Includes On-Call)  Temporary

List date you are available to start work: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ What is your desired salary range: \$ \_\_\_\_\_

## Employment History

Provide the following information of your past three (3) employers, starting with the most recent:

FROM	TO	EMPLOYER	TELEPHONE # ( )
POSITION	ADDRESS	CITY, STATE	ZIP CODE
IMMEDIATE SUPERVISOR & TITLE	RESPONSIBILITIES		
MAY WE CONTACT FOR REFERENCE? <i>Circle: Yes / No</i>			
REASON FOR LEAVING	HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____		
FROM	TO	EMPLOYER	TELEPHONE # ( )
POSITION	ADDRESS	CITY, STATE	ZIP CODE
IMMEDIATE SUPERVISOR & TITLE	RESPONSIBILITIES		
MAY WE CONTACT FOR REFERENCE? <i>Circle: Yes / No</i>			
REASON FOR LEAVING	HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____		

**Employment History** (continued)

FROM	TO	EMPLOYER	TELEPHONE # ( )
POSITION	ADDRESS	CITY, STATE	ZIP CODE
IMMEDIATE SUPERVISOR & TITLE	RESPONSIBILITIES		
MAY WE CONTACT FOR REFERENCE? <i>Circle: Yes / No</i>			
REASON FOR LEAVING	HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____		

**Skills and Qualifications**

List any training, skills, licenses and/or certificates you feel may qualify you to perform the job-related functions in the position for which you are applying: \_\_\_\_\_

**Educational Background**

Name and Location	# of Years Completed	Did you graduate?	If NO, do you have your G.E.D. or equivalent?	
HIGH SCHOOL		YES / NO	YES / NO	
COLLEGE		YES / NO	MAJOR	DEGREE (circle) AA / AS / BA / BS / MA / MS / Ph.D.
	# of Credits		MINOR	
OTHER		YES / NO	COURSE OF STUDY	

**References**

How were you referred to our agency? Word of mouth, newspaper ad, posting (where? \_\_\_\_\_), parent, other: \_\_\_\_\_

Do you have any friends, relatives, acquaintances working for L.E.A.P., Inc.? Yes / No

If yes, state name and relationship: \_\_\_\_\_

List below person(s) who have knowledge of your work performance within the last four years of employment.

NAME	TELEPHONE	SOURCE OF REFERENCE	NUMBER OF YEARS KNOWN
	( )	Circle: Business / Personal	
	( )	Circle: Business / Personal	
	( )	Circle: Business / Personal	

**Applicant Statement**

I understand that company forms, documents, letters, advertisements and oral representations, if any, do not constitute an employment contract or elements of an employment contract. I agree that this position is not for any specific period of time and that I am an employee-at-will if hired. I also agree to conform to the rules and regulations of L.E.A.P., Inc. and that, as an employee-at-will, the employment relationship may be terminated at any time without cause or for any reason by me or by my employer.

I permit L.E.A.P., Inc. to examine my references, record of employment, education record, and any other information I have provided on the front and back of this application. I have listed to disclose any information related to my work record and my professional experiences, without giving me prior notice of such disclosure. In addition, I release the agency, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such examination of revelation.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement. I certify that all information I provide during the job application process is true and complete, and I agree that any false information, misstatements or omissions of fact are a basis not to hire me and/or to terminate my employment whether discovered now or later. I authorize L.E.A.P., Inc. to verify any information provided and I release L.E.A.P., Inc. and my previous employers from any liability that may result from the job application process.

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

*Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department. Lakewood Economic Action Program, Inc. is an Equal Opportunity Employer.*