

Application for Employment

6814 Tilton Road, Tilton Times Plaza, EHT, NJ 08234
Phone: (609) 646-0388 Fax: (609) 646-5622



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.

Position(s) applied for _____ Date of application ____ / ____ / ____

Name _____
Last First Middle

Address _____
Street City State ZIP Code

Primary Phone # (____) _____ Other # (____) _____ E-Mail Address _____

Referral Source (How did you hear about us?) _____

If you are under 18 and it is required can you furnish a work permit? Yes No

If **no** please explain _____

Have you ever been employed here before? Yes No

If **yes**, give dates and position _____

Is this application a request for reemployment following an extended military leave of absence from this company. Yes No
If **yes**, additional information may be requested

Are you legally eligible for employment in this country? Yes No

Date available for work..... ____ / ____ / ____ What is your desired salary range?.....\$ _____

Type of employment desired: Full-Time Part-Time Substitute

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodations)?
This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in the job for which you are applying

_____ State _____

Employment History

Starting with your most recent employer, provide the following information.

Most Recent Employer

Company Name _____ (____) _____	Telephone # _____
Street Address _____ / _____	City _____ State _____
Starting Job Title _____	Final Job Title _____
Immediate Supervisor and Title (for most recent position held) _____	
Why did you leave? _____ _____ _____	

Dates employed: _____ Month Year _____ to _____ Month Year _____

Compensation (Starting)

Hourly Salary | \$ _____ Per _____

Commission/Bonus/Other Compensation \$ _____

Compensation (Final)

Hourly Salary | \$ _____ Per _____

Commission/Bonus/Other Compensation \$ _____

Yes NO Later

May we contact for reference?

2nd Most Recent Employer

Company Name _____ () _____		Telephone # _____	Month _____ Year _____	Month _____ Year _____
Street Address _____ / _____		City _____ State _____	Dates employed: _____ / _____ to _____ / _____	
Starting Job Title _____		Final Job Title _____	<u>Compensation (Starting)</u>	
Immediate Supervisor and Title (for most recent position held) _____			<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ Per _____	
Why did you leave? _____			Commission/Bonus/Other Compensation \$ _____	
_____			<u>Compensation (Final)</u>	
_____			<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ Per _____	
_____			Commission/Bonus/Other Compensation \$ _____	
			Yes <input type="checkbox"/> NO <input type="checkbox"/> Later <input type="checkbox"/>	
			May we contact for reference?	

3rd Most Recent Employer

Company Name _____ () _____		Telephone # _____	Month _____ Year _____	Month _____ Year _____
Street Address _____ / _____		City _____ State _____	Dates employed: _____ / _____ to _____ / _____	
Starting Job Title _____		Final Job Title _____	<u>Compensation (Starting)</u>	
Immediate Supervisor and Title (for most recent position held) _____			<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ Per _____	
Why did you leave? _____			Commission/Bonus/Other Compensation \$ _____	
_____			<u>Compensation (Final)</u>	
_____			<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ Per _____	
_____			Commission/Bonus/Other Compensation \$ _____	
			Yes <input type="checkbox"/> NO <input type="checkbox"/> Later <input type="checkbox"/>	
			May we contact for reference?	

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

Summarize any Computer Skills that may assist you in performing the position for which you are applying:

Educational Background

Starting with your most recent school attended, provide the following information

<u>School (include City & State)</u>	<u>Years Completed</u>	<u>Received</u>	<u>GPA</u>	<u>Class Rank</u>	<u>Major/Minor</u>
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification			
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification			
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification			

References

List names and telephone numbers of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school, business or personal references who are not related to you.

Name	Title	Relationship To you	Telephone	E-mail	# of Years Known
			()		
			()		
			()		

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating an applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment for any lawful reason with or without cause and with or without prior notice. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language and valid unless they are in writing and signed by the employer's president.

I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

Med A Quest, LLC does not tolerate unlawful discrimination in its employment practices. No questions on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age disability, or any other protected Status under applicable federal, state, or local law. This corporation likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Med A Quest, LLC takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for employment, or may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____.