

# OPEN ROADS SERVICES, LLC (ORS)

## OPEN ROADS COMMUNITY CENTER (ORCC)

WE ARE EQUAL EMPLOYMENT OPPORTUNITY EMPLOYERS COMMITTED TO EXCELLENCE AND DEDICATION. EMPLOYMENT OFFERS ARE MADE ON THE BASIS OF QUALIFICATIONS WITHOUT REGARD FOR RACE, SEX, RELIGION, NATIONAL OR ETHNIC ORIGIN, DISABILITY, AGE, VETERAN STATUS, OR SEXUAL ORIENTATION OR OTHER PROTECTED CLASSES UNDER STATE OR FEDERAL LAW.

**PLEASE TYPE OR PRINT.** COMPLETE APPLICATION IN ITS ENTIRETY TO BE CONSIDERED FOR THE POSITION. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. YOU MAY ATTACH A RESUME BUT MUST COMPLETE THIS FORM.

### APPLICATION FOR EMPLOYMENT

#### IDENTITY

LAST NAME	FIRST NAME	MIDDLE NAME (IF ANY)	OTHER NAMES UNDER WHICH YOU HAVE ATTENDED SCHOOL OR BEEN EMPLOYED?
HOME ADDRESS:		CITY, STATE AND ZIP	
EMAIL ADDRESS:		BEST WAY TO CONTACT YOU:	
CELL PHONE #:		WORK #:	
ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES	YES <input type="checkbox"/> NO <input type="checkbox"/> IF EMPLOYED, YOU MUST PROVIDE DOCUMENTATION TO PROVE YOUR IDENTITY AND ELIGIBILITY TO WORK IN THE UNITED STATES.	CURRENT SALARY: EXPECTED SALARY:	
ARE YOU 18 YEARS OR OLDER?	YES <input type="checkbox"/> NO <input type="checkbox"/>	AVAILABLE START DATE:	
ARE YOU PRESENTLY EMPLOYED?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, MAY WE CONTACT YOUR EMPLOYER?	YES <input type="checkbox"/> NO <input type="checkbox"/>
HAVE YOU EVER WORKED FOR THE COMPANY?	YES <input type="checkbox"/> NO <input type="checkbox"/>	POSITION APPLYING FOR:	<input type="checkbox"/> IIC - FULL LICENSE (LCSW/LMFT/LPC) <input type="checkbox"/> BEHAVIORAL ASSISTANT <input type="checkbox"/> ADM. ASSISTANT <input type="checkbox"/> MENTOR <input type="checkbox"/> EDUCATOR/ INSTRUCTOR/ HEALTH
DO YOU HAVE ANY RELATIVES OR FRIENDS THAT WORK FOR THE COMPANY?	YES <input type="checkbox"/> NO <input type="checkbox"/>	TYPE OF POSITION APPLYING FOR:	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PER CONTRACT
JOB REQUIREMENT: DO YOU HAVE A VALID NJ DRIVER'S LICENSE?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, STATE LICENSE # AND EXPIRATION DATE	
JOB REQUIREMENT: DO YOU HAVE AN INSURED VEHICLE IN THE STATE OF NEW JERSEY?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, INSURANCE NAME AND EXPIRATION DATE	

**EDUCATION:**

NAME OF SCHOOL	CITY / STATE	DID YOU GRADUATE	DEGREE RECEIVED
		YES [ ] NO [ ]	
		YES [ ] NO [ ]	
		YES [ ] NO [ ]	
		YES [ ] NO [ ]	
		YES [ ] NO [ ]	

**CLINICAL OR PROFESSIONAL LICENSES:**

LICENSE TYPE	LICENSE #	EXPIRATION DATE	STATE

**SPECIAL SKILLS:**

List any skills relevant to this position such as language(s) and computer skills. Please note your level of proficiency (basic, intermediate, expert)


**WORK EXPERIENCE:**

Please detail your work history for the past 5 years starting with your most current position. Note that all employment will be verified.

EMPLOYER NAME	FROM:	TITLE:	
	TO:	STARTING SALARY:	
SUPERVISOR'S NAME:	SUPERVISOR'S PHONE #	ENDING SALARY:	
EMPLOYER NAME	FROM:	TITLE:	
	TO:	STARTING SALARY:	
SUPERVISOR'S NAME:	SUPERVISOR'S PHONE #	ENDING SALARY:	

EMPLOYER NAME	FROM:	TITLE:	
	TO:	STARTING SALARY:	
SUPERVISOR'S NAME:	SUPERVISOR'S PHONE #	ENDING SALARY:	

**REFERENCES:**

NAME:			
TELEPHONE #:		RELATIONSHIP:	
NAME:			
TELEPHONE #:		RELATIONSHIP:	
NAME:			
TELEPHONE #:		RELATIONSHIP:	

**APPLICANT'S CERTIFICATION AND AGREEMENT:**

I CERTIFY THAT THE INFORMATION PROVIDED BY ME IN THIS APPLICATION IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND AGREE THAT SUCH INFORMATION MAY BE INVESTIGATED BY ORS/ORCC AT ANY TIME. I UNDERSTAND THAT ANY FALSE STATEMENTS OR MISREPRESENTATION OF THE FACTS CALLED FOR IN THIS APPLICATION OR IN THE HIRING PROCESS WILL BE CAUSE FOR REJECTION OF MY APPLICATION OR DISMISSAL FROM EMPLOYMENT AT ANY TIME. I AUTHORIZE AND REQUEST ALL OF MY PRESENT AND FORMER EMPLOYERS AND THOSE WHOM I HAVE LISTED AS REFERENCES TO FURNISH ORS/ORCC, EITHER ORALLY OR IN WRITING, WITH ANY AND ALL INFORMATION THEY MAY HAVE CONCERNING MY EMPLOYMENT, INCLUDING ALL ATTENDANCE RECORDS, PERFORMANCE EVALUATIONS, DISCIPLINARY RECORDS, RATES OF PAY, REASONS FOR LEAVING, AND OTHER INFORMATION PERTINENT TO MY QUALIFICATIONS FOR EMPLOYMENT. I HEREBY RELEASE THEM AND ORS/ORCC FROM ANY AND ALL CLAIMS AND LIABILITY FOR DAMAGE OF EVERY NATURE AND KIND ARISING FROM THE FURNISHING OF THE REQUESTED INFORMATION. (NOTE: YOUR PRESENT EMPLOYER WILL ONLY BE CONTACTED WITH YOUR CONSENT OR AFTER YOU HAVE GIVEN NOTICE OF RESIGNATION.)

I FURTHER AUTHORIZE AND AGREE TO BE FINGERPRINTED IN ACCORDANCE WITH N.J.S.A. 30:6D-63 TO 72 TO DETERMINE THAT NO CRIMINAL HISTORY RECORD EXISTS ON FILE IN THE FEDERAL BUREAU OF INVESTIGATION IDENTIFICATION DIVISION, OR THE STATE BUREAU OF IDENTIFICATION IN THE DIVISION OF STATE POLICE. I FURTHER UNDERSTAND THAT IF I RECEIVE AN OFFER OF EMPLOYMENT, MY EMPLOYMENT IS SUBJECT TO, AND CONDITIONED

UPON: (1) ORS/ORCC' INVESTIGATION OF THE WORK AND PERSONAL REFERENCES I HAVE PROVIDED; (2) ALL CRIMINAL HISTORY AND BACKGROUND CHECKS APPLICABLE TO THE POSITION FOR WHICH I AM APPLYING; AND (3) THE PROVISION OF MY FINGERPRINTS, IF APPLICABLE TO THE POSITION FOR WHICH I AM APPLYING. I UNDERSTAND AND AGREE THAT IF I DO NOT COMPLY WITH ANY OF THE FOREGOING, OR ORS/ORCC ARE NOT SATISFIED WITH THE RESULTS OF SAME, ANY OFFER OF EMPLOYMENT WILL BE RESCINDED. I UNDERSTAND THAT SHOULD AN EMPLOYMENT OFFER BE EXTENDED TO ME AND ACCEPTED THAT I WILL FULLY ADHERE TO THE POLICIES, RULES, AND REGULATIONS OF EMPLOYMENT OF ORS/ORCC. HOWEVER, I FURTHER UNDERSTAND THAT NEITHER THE POLICIES, RULES AND REGULATIONS OF EMPLOYMENT OR ANYTHING SAID DURING THE INTERVIEW PROCESS SHALL BE DEEMED TO CONSTITUTE THE TERMS OF AN IMPLIED EMPLOYMENT CONTRACT. I UNDERSTAND THAT ANY EMPLOYMENT OFFERED IS FOR AN INDEFINITE DURATION AND AT WILL AND THAT EITHER I OR THE EMPLOYER MAY TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT NOTICE OR CAUSE.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_