DAUGHTERS OF MIRIAM CENTER

135 HAZEL STREET, CLIFTON, NJ 07011

PHONE: (973) 253-5210 FAX: (973) 253-5389 www.daughtersofmiriamcenter.org

EMPLOYMENT APPLICATION

Name:	
Position: _	
Date:	

PAUGHTERS OF MIRIAM CENTER HE GALLEN INSTITUTE

An Equal Opportunity Employer

ast Name:	First Name:		Middle:
ddress:	City:		State/Zip:
rior Address:	City:		State/Zip:
ocial Security #:	Teleph	one #:	
re you 18 years or older?	es □ No □		
re you either an U.S. Citizen or lawf ote: All new hires will be required			
osition Desired:	Salary Requested: Date Available:		ite Available:
chedule Preference: Full Time 🛭 P	Part Time Shift Preference	1 st □ 2 nd □ 3 rd □ #H	r. per day
re you presently employed?	es □ No □ If so, may we que	stion vour present employ	ver? Yes □ No □
ave you ever applied to us before?			
lave you ever been employed by us			
the position for which you are app	lying requires week-end, holida	or rotation shifts, are you	ı available? Yes □ No □
Education	Name/Location of School	Highest Grade Completed	Subjects Studied
High School			
College			
Graduate/Professional			
Trade, Business or Correspondence School			
List any criminal convictions related requires driving, also list any convictions related cleared from your record or sealed employment. Factors such as age at account. Criminal backgrounds are co	tions for drunk driving or movir by court or probation office. time of the offense, seriousness	g violations. Do not list a A conviction will not ne and nature of violations and	ny convictions which have be- cessarily bar an applicant fro

Business/Professional References Name Address/Phone Number Relationship Prior Work Experience (List the last 7 years of employment in order with last or present employer listed first) Name/Address/Phone number **Dates** Rate of Pay Supervisor's Name/Title Reason for leaving of Employer From То Start **Finish** Describe your position and the work you did. Name/Address/Phone number **Dates** Rate of Pay Supervisor's Name/Title **Reason for Leaving** of Employer То From Start **Finish** Describe your position and the work you did. Name/Address/Phone number **Dates** Rate of Pay Supervisor's Name/Title Reason for leaving of Employer То From Start **Finish** Describe your position and the work you did.

Dates Name/Address/Phone number of Employer Rate of Pay Supervisor's Name/Title Reason for Leaving

From To Start Finish

Describe your position and the work you did.

List community, professional or trade organizational memberships, special skills or special study or research work which relate to the position for which you are applying. Omit organizations/activities which indicate race, creed, sex, age, marita status, color, national origin, or union affiliation. Organization/Membership:		
Handicap/Disability Are you able to perform all the tasks involved in the position for which you lify you require accommodations, please specify what you would require:	u have applied with or without accommodation?	
Applicant's Authorization – Read Carefully before Signing		
All offers of employment are contingent upon satisfactory completion or results of such an examination will not be used to disqualify an applicant would, even with reasonable accommodation, preclude the safe, acceptable who has been offered employment may commence work until the physical Miriam Center.	t except to the extent that any disability discovered ble performance of the job in question. No applicant	
Criminal Background Checks and reference checks are conducted on all upon a satisfactory background check.	employees. Offers of employment are contingent	
I authorize investigation of all statements contained herein and the refer and all information concerning my previous employment and any perti from all liability from any damage that may result from furnishing same to	nent information they have and release all parties	
I understand and agree, that if hired, my employment is for no definite pormy wages or salary, be terminated at any time without prior notice and Executive Director, may enter into or authorize any contract or guard Daughters of Miriam Center's right to terminate my employment at will. and signed by the CEO or Executive Director.	without cause. No person, other than the CEO or rantee of employment which is inconsistent with	
The above information is complete and true to the best of my knowledge. facts may result in immediate termination.	. I understand that misrepresentation or omission of	
Date	Applicant's Signature	