



Welcome to LADACIN Network, Inc.

Please read the following instructions and requirements carefully.

The application must be completed in its entirety to be considered for employment with LADACIN Network. Incomplete or improperly completed applications may not be considered. Complete the entire application, even if you are including a resume. Please print legibly. If you have any questions pertaining to this application, please contact the Human Resources Department for further clarification.

***NOTE:** New Jersey law prohibits employers from considering the criminal records of job applicants for employment under certain circumstances.*



ADMINISTRATIVE OFFICES
 1703 Kneeley Boulevard • Wanamassa, NJ 07712
 732-493-5900 • Fax: 732-493-5980 • www.ladacin.org

EQUAL OPPORTUNITY: It is the policy of LADACIN Network not to discriminate against any individual during recruitment, hiring, training, promotion, or other terms and conditions of employment, provided the individual is qualified to perform the work available. Further, it is the policy of the Agency to comply with the concepts and practices of Affirmative Action. All other personnel actions or programs, such as compensation, benefits, transfers, layoffs, recalls, Agency sponsored training, education, tuition reimbursement, and social and recreational programs will be administered in a nondiscriminatory manner with respect to all employees.

PERSONAL INFORMATION - Please Type or Print in Ink

Last Name	First Name	Middle Initial	Date of Application
Street Address	City	State	Zip Code
Home Phone	Cell Phone	Email	Are you at least 18 years old? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT INFORMATION

Position(s) applied for:	Date available for work:
<i>Are you available to work: (check all that apply)</i> <input type="checkbox"/> Full Time <input type="checkbox"/> Days <input type="checkbox"/> Part Time <input type="checkbox"/> Evening/2nd Shift <input type="checkbox"/> Substitute <input type="checkbox"/> Overnight	What is your desired salary range?

How were you referred to us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

- Have you filed an application with us before? YES NO If yes, give date: _____
- Have you ever been employed with us before? YES NO If yes, give date: _____
- Do any of your friends or relatives work here? YES NO If yes, state name, relationship, and site: _____
- May we contact your present employer? YES NO

Do you have the legal right to live in and work in the United States? YES NO

Upon employment you will be required to furnish proof of your identity and rights to work in this country in accordance with current laws.

Have you ever been convicted of a crime other than a minor traffic violation? YES NO

Conviction will not necessarily disqualify an applicant from employment.

If yes, explain: _____

New Jersey law prohibits employers from considering the criminal records of job applicants for employment under certain circumstances.

Have you ever been adjudged civilly or criminally liable for abuse of a person with a developmental disability? YES NO

REFERENCES: List a minimum of 3 individuals whom we can contact and who can attest to your professional ability and work accomplishments. Do not include friends and relatives.

NAME	COMPANY	ADDRESS	PHONE NO.



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EDUCATION BACKGROUND (High School and Above)

School, City, State	No. of Years Completed	Degree/Diploma	Major

Professional Licenses or Certificates

EMPLOYMENT HISTORY

List your last three (3) employers, assignments, or voluntary activities, starting with the most recent, including any military experience. Explain any gaps in employment.

Dates		Name and Address of Employer	Supervisor's Name and Title	Phone No.
From:	To:			

Job Title:

Briefly describe your responsibilities:

Reason for leaving and any gaps in employment:

Dates		Name and Address of Employer	Supervisor's Name and Title	Phone No.
From:	To:			

Job Title:

Briefly describe your responsibilities:

Reason for leaving and any gaps in employment:

Dates		Name and Address of Employer	Supervisor's Name and Title	Phone No.
From:	To:			

Job Title:

Briefly describe your responsibilities:

Reason for leaving and any gaps in employment:

Reason for leaving and any gaps in employment:

APPLICANT STATEMENT

I understand LADACIN Network follows an “employment at will” policy, in that I or the employer may terminate my employment with or without cause, at any time, or for any reason consistent with applicable state or federal law. This “employment at will” cannot be changed verbally or in writing unless the change is specially authorized in writing by the Executive Director of this Agency. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity. Failure to submit such proof will result in denial of employment.

I agree and understand that all the statements and information on my application are correct, and no attempt has been made to conceal or withhold pertinent information. I agree that any omission, falsification, or misrepresentation is cause for immediate termination at any time during my employment.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In connection with this, I authorize all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, and former employers to release information they may have about me and release them from any liability and responsibility from doing so. Further, I authorize the procurement of an investigative consumer report and understand that such report may contain information as to my background, mode of living, character, and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports that may be requested. Further information may be made available upon written request from LADACIN Network, Inc.

Except for my current employer, I hereby authorize investigation of all statements at this time with no liability arising there from.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge and/or civil or criminal prosecution. I understand also that I am required to abide by all rules and regulations of the employer.

I am 18 years or older.

Signature of Applicant _____
Printed Name _____

Date _____