

Application for Employment
Fax completed application to 609.581.4894 or Email to HR@alliesnj.org
Incomplete applications will not be considered



Name (last, middle, first)		Email Address	
Present Address	City, State, Zip	County	
Phone Number ()			
Referred by (name & relation)		Referral Phone Number ()	

EMPLOYMENT DESIRED

Position	Date you can start	Salary desired
Are you willing to perform the specific job requirements according to the description of this position? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Upon completion and submission of this application, are you willing to submit to a drug test onsite? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, may we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/> Please list phone number:	
Do you have any relatives that work at Allies? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list.	
Have you ever applied to Allies before? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when?	Were you hired?
Upon offer of hire, are you able to provide the required documentation for employment? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you available to work the hours that this position requires? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If hired, can you immediately commit to an entire week of paid training? Yes <input type="checkbox"/> No <input type="checkbox"/>		

EDUCATION HISTORY

Name and City Location of School	Years attended	Did you graduate?	Subjects studied
High School Diploma (required)			
College			
Trade, Business, or Correspondence School			

PROFESSIONAL REFERENCES (Give the names of at least two persons with whom you have worked or are **professionally associated** with for 1+ years and not related to you - provide a complete address) **Please complete all fields**

Name	Address, City, State, Zip	Phone

FORMER EMPLOYERS (list last 3 jobs, starting with the last employer first) *Must complete all boxes*

Start Date	End Date	Name of Employer	Address	Phone	Reason for Leaving

GENERAL INFORMATION – Subjects of special study/research; work or special training/skills, certifications

Have you ever, under your name or another name, been convicted of, plead guilty or no contest to a felony or misdemeanor crime, excluding juvenile adjudication? Yes No

If yes, please explain: _____

NOTE: Checking yes does not automatically disqualify you from consideration, but untruthful responses may.

Have you ever been found civically or criminally liable for abuse or violence? Yes No

Are you able to physically assist/lift an individual weighing at least 100 pounds? Yes No *(this is a job requirement)*

Do you have a valid NJ Drivers license? Yes No *(this is a job requirement)*

Is your license suspended or revoked? Yes No

Are you able to drive an accessible van? Yes No

Do you have consistent transportation to work? Yes No *(this is a job requirement)*

How far are you willing to travel for work? 25mi 40mi 60mi

Can you speak, read and write the English language? Yes No *(this is a job requirement)*

US MILITARY SERVICE: Yes No If yes, which branch? _____ Rank: _____

AUTHORIZATION:

I certify that all the facts and statements in this application are true and complete to the best of my knowledge. I further understand that if I am employed by Allies, Inc., the discovery of any falsified information is grounds for immediate dismissal.

I authorize the investigation of all statements contained herein and the references, criminal background, driving record and employers listed above to give Allies Inc. any and all information regarding my previous employment they may have, personal or otherwise, and release Allies Inc. from all liability for any damage that may result from the utilization of such information.

I also understand and agree that no representative of Allies Inc. has nay authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

I also understand that this application form and other written documentation of work practices and procedures do not constitute a contract for employment, but rather, that employment with Allies Inc. is "at will".

Signature _____

Date _____

* Allies Inc. is a non-union employer.

BACKGROUND CHECK RELEASE AUTHORIZATION:

1. In connection with my application for employment or continued employment at Allies, Inc., I understand that a consumer report and/or an investigative consumer report will be ordered that may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, and experience, along with reasons for termination of past employment. I understand that in compliance with applicable law and as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about, but not limited to, my: workers' compensation injuries, driving record, court record, education, credentials, credit and references. **I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.**
2. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.
3. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be valid as the original. This release is valid for most federal, state and county agencies.
4. Massachusetts, Minnesota, Oklahoma, New York, Maine, Washington, New Jersey and California applicants only: if you want a free copy of the report(s) ordered, check this box . The report(s) will be sent to you by the consumer reporting agency listed here. The reports will be processed by: ADP Screening and Selection Services, 301 Remington St, Fort Collins, CO 80524.
5. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to Allies. This release is in accordance with DOT Regulation 49 CFR Part 40. Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print First, Middle, Last Name

Please print other names you have used

Home Address	City	State	Zip
Social Security #		Date of Birth (m/d/y)	
Male <input type="checkbox"/> Female <input type="checkbox"/>	Race: Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Caucasian <input type="checkbox"/> Other <input type="checkbox"/>		
Driver's License #		State License is issued in	
Name as it appears on License <i>(please print name)</i>			

I ATTEST THAT THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND THAT DISHONESTY WILL DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT, OR IF I AM HIRED OR ALREADY WORK FOR THE COMPANY, THAT I MAY BE FIRED FOR FALSIFICATION OF DOCUMENTS.

Signature _____ Date _____