



65 Highland Avenue, PO Box 339  
Peapack, NJ 07977  
www.matheny.org 908-234-0011

## EMPLOYMENT APPLICATION

(Please Print)

Name \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ SSN: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position/Shift Applied For: \_\_\_\_\_  
Date Available For Work: \_\_\_\_\_ Full or Part Time: \_\_\_\_\_  
Email: \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

(Please list most recent experience first. Past employers will be contacted prior to an offer of employment.)

**Job Title:** \_\_\_\_\_ **Dates Employed:** From \_\_\_\_\_ To \_\_\_\_\_  
**Employer Name/Address:** \_\_\_\_\_  
**Supervisor:** \_\_\_\_\_ **Phone:** (\_\_\_\_\_) \_\_\_\_\_  
**Job Responsibilities:** \_\_\_\_\_  
**Reason for Leaving:** \_\_\_\_\_ **Salary:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Dates Employed:** From \_\_\_\_\_ To \_\_\_\_\_  
**Employer Name/Address:** \_\_\_\_\_  
**Supervisor:** \_\_\_\_\_ **Phone:** (\_\_\_\_\_) \_\_\_\_\_  
**Job Responsibilities:** \_\_\_\_\_  
**Reason for Leaving:** \_\_\_\_\_ **Salary:** \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Employer Name/Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Job Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Salary: \_\_\_\_\_

### EDUCATION

	<u>Name/Location</u>	<u>Course</u>	<u>Years Completed</u>	<u>Degree/Diploma</u>
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Other	_____	_____	_____	_____

Please list any additional information that relates to your ability to perform the job for which you have applied--such as licenses, certifications, professional memberships, hobbies, special skills/qualifications.

\_\_\_\_\_  
\_\_\_\_\_

	YES	NO
May we contact your present employer?		
Have you applied for employment at Matheny before?		
Have you been adjudged to be civilly or criminally liable for abuse of a developmentally disabled person?		
Are you eligible to work in the United States?		
Are you 18 years of age or older?		
Are you a veteran of the U.S. Military Service?		

Who may we thank for referring you? \_\_\_\_\_

### U.S. MILITARY SERVICE

Branch of Service: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank & Type of Service: \_\_\_\_\_

Training/Experience Received: \_\_\_\_\_

## PROFESSIONAL REFERENCES ONLY

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_ # Of Years Known: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_ # Of Years Known: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_ # Of Years Known: \_\_\_\_\_

Email: \_\_\_\_\_

I certify that all statements herein are true and complete and that any misrepresentation or willful omission shall be sufficient cause for dismissal or refusal of employment.

I understand that the Matheny Medical and Educational Center follows an "employment at will" policy, and that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law. The Matheny Medical and Educational Center also reserves the right to change policies/procedures and/or terms of employment at any time.

I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identify within their first 3 days of employment; failure to submit such proof will result in denial of employment. I understand that successful completion of a medical examination and a Criminal History Review are prerequisites for employment at The Matheny Medical and Educational Center.

The Matheny Medical and Educational Center is authorized to thoroughly investigate my work and personal history and verify all data given on this application, on related papers and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

(To be completed by Matheny officials.)

Name of Applicant: \_\_\_\_\_ Date of Interview: \_\_\_\_\_

Comments/Observations (Personnel Department): \_\_\_\_\_

**Reference Checks and Notations**--Attempts will be made to obtain written references. Hand delivered reference letters should be verified. Phone references should indicate date of contact, name of source and content of discussion.

1) Name of Reference: \_\_\_\_\_ Date of Reference: \_\_\_\_\_

Reference: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Reference taken by: \_\_\_\_\_

2) Name of Reference: \_\_\_\_\_ Date of Reference: \_\_\_\_\_

Reference: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Reference taken by: \_\_\_\_\_

3) Name of Reference: \_\_\_\_\_ Date of Reference: \_\_\_\_\_

Reference: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Reference taken by: \_\_\_\_\_

Position/Department: \_\_\_\_\_ Start Date: \_\_\_\_\_

Salary: Annual: \_\_\_\_\_ Hourly: \_\_\_\_\_ Budgeted Hrs: \_\_\_\_\_/wk

On Hill: \_\_\_\_\_ ( )Room ( )Apt Off Hill: \_\_\_\_\_ Physical Date: \_\_\_\_\_

Primary Shift: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Night: \_\_\_\_\_ W/E: \_\_\_\_\_

PTO Accrual Code: \_\_\_\_\_ ESB Accrual Code: \_\_\_\_\_

\_\_\_\_\_  
Supervisor/Department Head

\_\_\_\_\_  
Director of Human Resources

HR: 12/14 VJH  
HR: 03/15 VJH