

Have you ever been found to be civilly or criminally liable for abuse of a developmentally disabled person receiving services from the Department of Human Services or placed in a community residence regulated by the Department of Human Services? **Yes** ____ **No** ____

Do you have any relatives or household members who work at PennReach? **Yes** ____ **No** ____ If yes, please list their name(s) and work location(s): _____

Are you able to lift at least 20 pounds? **Yes** ____ **No** ____

Do you have reliable transportation? **Yes** ____ **No** ____

Have you ever served in the United States Armed Forces? **Yes** ____ **No** ____

EDUCATION Name of School City/State # of years completed Did you graduate?

High School: _____

College: _____

Graduate: _____

Additional Training/Skills/Achievements: (*Please specify what DDD trainings you have, if any)

EMPLOYMENT HISTORY

List below current and past employers beginning with the most recent

If you have no work history check here ____

Dates	Name and Address of Employer	Position Titles and Duties	Supervisor	Salary	Reason for Leaving
From:	Name:	Initial:	Name:	Starting:	
To:	Address:	Final:	Title	Ending:	
	Phone:				
From:	Name:	Initial:	Name:	Starting:	
To:	Address:	Final:	Title:	Ending:	
	Phone:				



From:	Name:	Initial:	Name:	Starting:	
To:	Address:	Final:	Title:	Ending:	
	Phone:				

***If there is a time lapse between employments, please provide explanation below:

Please indicate any supervisory experience here:

REFERENCES

List a minimum of three (3) professional references that have either supervised or worked with you and directly observed your performance. Indicate whether the reference is your supervisor or co-worker.

MAY WE CONTACT YOUR CURRENT EMPLOYER? Yes ____ No ____

Name	Title	Company	Relationship	Phone Number

TERMS OF APPLICATION AND UNDERSTANDING OF EMPLOYMENT RELATIONSHIP

Descriptions of job duties outlining the functions of positions applied for are available for review. You are encouraged to review the description of job duties carefully and to discuss with Human Resources any accommodations that may be necessary to enable you to perform the essential functions for the positions for which you are applying.

I understand that all job offers are made by PennReach Human Resources.

I hereby state that all the information that I provided on this application or any other document submitted in connection with my employment, and in any interview, are true and correct. I have withheld nothing that would, if disclosed, affect this Application unfavorably. I understand that if I am employed and any information is later found to be false in any respect or if I have omitted material information, I may be dismissed. I understand that if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States. I authorize PennReach to make an investigation that may include, but is not limited to, current and past employment, academic credentials, credit history, criminal record, and I also hereby release from liability PennReach and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information

I understand that an offer of employment is contingent upon receipt of satisfactory reference(s), drug screening test results, and criminal history background check results.

I understand that if I am hired by PennReach I will be an at-will employee, and that nothing in this employment application, in any other document, or in any statement by anyone at PennReach now or later creates an agreement between PennReach and me for employment for any period. Either PennReach or I can end our employment relationship at any time. I hereby acknowledge that I have read and understand the above statements.

APPLICANT SIGNATURE: _____

DATE: _____



AUTHORIZATION FOR MOTOR VEHICLE RECORD

I, _____, understand that a Motor Vehicle Record search will be made on myself and furnished to my employer, PennReach.

I authorize this search without reservation, and I hereby release and discharge my employer, its officers, and employees and agents (including its agent and their officers and employees), from any and all claims that may now and in the future arise from or are in any way related to any information obtained during these inquiries.

I hereby represent that my driver's license is valid (current), has not been revoked for any reason, and I have _____ points against my driving record.

This authorization will remain valid until cancelled by me in writing.

I have read and will comply with all directives as set forth in the NJCDC Vehicle Safety and Usage Policy. I understand that any violations related to vehicle use and maintenance may adversely affect my job performance and may result in disciplinary action up to and including termination.

_____/_____/_____
Date

Print First and Last Name

Driver's License Number

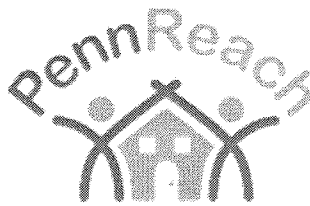
Expiration Date of Driver's License

Social Security Number

Date of Birth

Signature

Title



AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize and consent to the release of information and records bearing on my personal history, academic records, job performance, physical health and convictions, if any, to PennReach. The information will be used for the purpose of determining my qualifications for employment or volunteering.

Upon request, a copy of this signed statement may be furnished to the school, present or former employer, criminal justice agency, medical practitioner or other person furnishing such information or record.

Print Name

Signature

Street Address

City, State, Zip

Date



The Central Registry of Offenders Against Individuals with Developmental Disabilities
Employee/Volunteer Consent for Employers to Check Form

N.J.A.C. 10:44D

Please Complete the Following Information:

Employee/Volunteer Last Name: _____ First Name: _____

Other Last/First Names Used: (please list any/all last names used, including maiden name, nicknames or other)

D.O.B.: _____ Last Four (4) Digits of Social Security Number: _____

Agency/Facility Name: _____

In accordance with N.J.S.A. 30:6D-73 et seq., I understand that providing my employer/prospective employer with the above information is for the purpose of my employer/prospective employer conducting a check of my name/identity against the NJ Department of Human Services'(DHS) Central Registry of Offenders Against Individuals with Developmental Disabilities (Central Registry) for the purpose of working/volunteering at an agency/facility/program, licensed, regulated or contracted with the Department of Human Services.

I understand that while I am awaiting the results of the Central Registry check, I may not work unsupervised with individuals with developmental disabilities and that I must be accompanied by a senior staff member or supervisor in any activities involving individuals with developmental disabilities.

By signing this agreement, I attest that the information I have provided above is factual and correct and I can be terminated from employment/volunteering for failure to provide accurate information.

I further attest that I am currently not on the NJ DHS Central Registry of Offenders Against Individuals with Developmental Disabilities. I understand that if my name appears on the Central Registry, I may not be employed/allowed to volunteer in a program licensed, contracted or funded, directly or indirectly by the State of New Jersey to work with individuals with developmental disabilities.

I understand that also under N.J.S.A. 30:6D-73 et seq., in my capacity as an employee, caregiver or volunteer, in a program or facility licensed, regulated or contracted with DHS, or receiving state funding directly or indirectly, I am required to immediately report any/all allegations of abuse, neglect and/or exploitation against an individual with a developmental disability to the NJ Department of Human Services and that failure to do so, while having reasonable cause to believe such an act was committed, constitutes a disorderly persons offense. I understand that when making such a report, in good faith, I am immune from any civil or criminal liability that might otherwise attach from the act of making the report. I understand that in situations of discrimination or discharge from employment as a result of making a report in good faith, I may seek court relief for such actions.

I further understand that I am required to cooperate with investigations conducted by DHS or its designee(s). I have read and understand the above and hereby give my consent for my name to be checked against the Department of Human Services, Central Registry of Offenders Against Individuals with Developmental Disabilities.

Employee/Prospective Employee/Volunteer Name (please print) Signature Date

Provider Agency Use Only

The above named individual has been checked against the Central Registry of Offenders Against Individuals with Developmental Disabilities in accordance with N.J.A.C. 10:44D

Registry Check Performed By: _____ Date: _____

Listed on Registry
Yes ___ No ___