



Camden County Partnership for Children
Reference Check

I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of their reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment to the Camden County Partnership for Children and do hereby release them from any and all liability for damages arising from furnishing the requested information.

Name of Applicant (please print)

Applicant Signature

Date

Witnessed By

Date



PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

Application for Employment

DATE: _____

Name _____
 Last Name First Name Middle Initial Maiden Name

Present Address _____
 Number Street City State Zip

_____ Social Security Number ____-____-____

Length of Time at Present Address _____

Telephone Number _____ Email Address _____
 Land Line
 Cellphone

Are you over the age of 18? Yes No

Position Applied For _____ Desired Salary _____

Are you legally eligible for employment in the United States? Yes No Be Specific
 (If offered employment you will be required to provide documentation to verify eligibility)

Date Available to Start Employment _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (COMPLETE MAILING ADDRESS)	YEARS COMPLETED	MAJOR & DEGREE Attained
High School				
College				
Business/Trade School				
Professional License(s)	Organization	State of Issuance	Type	Expiration Date

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Application for Employment

Do You Have a Valid Driver's License? Yes No

Do you have a car or reliable means of non-public transportation that will enable you to perform the duties of your job? Yes No

Driver's License Number _____ State of Issuance _____

Type of License: Operator Commercial (CDL) Chauffeur

Expiration Date _____

Have you had any accidents during the past three years? Yes No
If Yes, How Many? _____

Have you had any moving violations during the past three years? Yes No
If Yes, How Many? _____

Have you ever been discharged or asked to resign from a job? Yes No

REFERENCES

Please list Two References other than relatives or previous employers

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

City _____ City _____

State _____ State _____

Zip _____ Zip _____

Telephone () _____ - _____

Telephone () _____ - _____



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Application for Employment

Military Experience

Have you ever served in the Armed Forces? Yes No

If Yes, Which Branch of the Armed Forces:

Army Navy Air Force Marines National Guard

Date Entered _____ Discharge Date _____

SKILLS

Computer: Yes No

Microsoft Office

Word Excel Power Point

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use this space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.



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Application for Employment

Work Experience: Please list your work experience beginning with your most recent employer. If self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer: Address:	Supervisor Name	Employment Dates Start: End:
Phone Number:	Last Position Held	
Reason for Leaving (Be Specific)		
List positions held, duties performed, skills used/learned, advancements/promotions:		

Name of Employer: Address:	Supervisor Name	Employment Dates Start: End:
Phone Number:	Last Position Held	
Reason for Leaving (Be Specific)		
List positions held, duties performed, skills used/learned, advancements/promotions:		

Name of Employer: Address:	Supervisor Name	Employment Dates Start: End:
Phone Number:	Last Position Held	
Reason for Leaving (Be Specific)		
List positions held, duties performed, skills used/learned, advancements/promotions:		

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Application for Employment

May we contact your present employer? Yes No

Have you ever been discharged or asked to resign from a job? Yes No

Did you complete this application yourself? Yes No

If not, who did? _____

**Please Read Carefully
Application Waiver**

In exchange for the consideration of my job application by Camden County Partnership for Children (hereinafter called the "Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Camden County Partnership for Children, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Chief Executive Office and/or President of the Board of Trustees of the Company. Both the undersigned and CEO may end the employment relationship at any time, without specific notice or reason. If employed, I understand that the Company may unilaterally charge or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I also understand that (1) the Company has a drug and alcohol policy that may provide for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that during my employment with the Company there is an introductory period of six (6) months, and further that at any time during the introductory period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of Applicant

Date

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this company depends solely on our qualifications.

Thank you for completing this application form and for your interest in our Agency



Combined Disclosure Notice and Authorization Regarding Background Consumer Reports

Important: Please Read Carefully Before Signing

It is the policy of Camden County Partnership for Children to request and verify information regarding your social security number, criminal history, education and motor vehicle record. Please be advised that a consumer report and/or investigative consumer report verifying the above information may be obtained. CCPFC may procure this information directly from the issuing agency or through a hired company, Best Hire LLC, a firm that specializes in obtaining requested consumer information.

A consumer report and/or investigative report may be obtained at any time during the application process or during your employment with Camden County Partnership for Children.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION:

You hereby authorize and request, without any reservation, any school, police department, division of motor vehicles or other persons or agencies having knowledge about you to furnish Camden County Partnership for children and/or Best Hire LLC with any and all background information in their possession regarding you, in order that your employment qualifications in the matters as listed below may be evaluated. Information requested will be limited to:

- Verification of social security number (including date of birth)
- Information regarding criminal record/Sex Offender Registry
- Verification of education credentials
- Motor Vehicle Driving History

You also agree that a photocopy of this authorization with your electronic signature may be accepted with the same authority as the original.

READ, ACKNOWLEDGE AND AUTHORIZED:

Signature

Date

COMBINED DISCLOSURE NOTICE AND AUTHORIZATION REGARDING BACKGROUND CONSUMER REPORTS

