

NORWESCAP, Inc.
The Northwest New Jersey Community Action Program, Inc.

Application for Employment

NOTE: NORWESCAP considers all applicants for all positions without regard to race, creed, color, religion, sex, national origin, age, marital status, ancestry, affectional or sexual orientation, or veteran status, the presence of a non job related medical condition, disability, atypical hereditary cellular or blood trait, or any other legally protected status. All new employee will be required to document that they can legally work in the United States. All positions at NORWESCAP are funded through some form of a grant and all employees and applicants should realize that as funding levels change, so do employment levels. A loss of funding may mean the loss of employment opportunities at NORWESCAP.

Position applied for: _____ Today's Date: _____
How did you learn about this position? _____

Personal Information

Name: _____ Phone #(s): _____
Address: _____

Are you currently employed? Yes _____ No _____ If yes, may we contact you current employer? Yes _____ No _____
Have you ever been employed by NORWESCAP before? Yes _____ No _____ Volunteer? Yes _____ No _____
If yes, when, in what program and what position? _____
Why was your employment or volunteering terminated? _____
Have you ever been convicted of a crime or disorderly persons offense? Yes ___ No ___ If yes, please explain.(conviction will not necessarily disqualify an applicant from employment) _____

NOTE: If you are applying for a driver position, the following information will be used, and prior employers will be contacted, for purposes of the hiring investigation as required by 391.23 of the Motor Carrier Regulations. These questions will also establish minimum qualifications for driving positions. In addition, most positions at NORWESCAP require employees to drive as part of their job requirements at one time or another. Therefore, in order to be considered for such a position, the following information may be needed. Please complete the appropriate questions. NORWESCAP may request a Department of Motor Vehicle Drivers Abstract from the State of motor vehicle license for all employees before driving as part of any job. Any applicant whose DMV Abstract does not reflect "Driver in Good Standing" will not be considered for a driving position.

State of Driver License: _____ #: _____ Expiration Date: _____
Driver License Classification(s): _____
Commercial/Bus Driving Experience: (List the type of vehicle, load size, passenger rating, dates and total miles driven) _____

Accident Record for the past three years (include dates, property damage and a summary of any fatalities, injuries sustained to any party involved): _____

Traffic Convictions and forfeitures for the past three years. List location/municipality, date and description of incident (other than parking violations): _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____ Yes _____ No.
Has any license, permit or privilege ever been suspended or revoked? _____ Yes _____ No.
Explain if either of the above two questions are answered yes. _____

REFERENCES: Give the name, address, and phone # of three individuals not listed as former employers who have knowledge of your work experience and/or education. For child care programs and positions, the references also need to attest to your suitability to work with children.

1. _____
2. _____
3. _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. You may include, if you wish, any job-related military service assignments and volunteer activities. You may exclude, if you wish, any organizations that indicate age, race, color, religion, gender, national origin, handicap or other protected status. If you have a resume, you may attach it and skip any information that may be duplicated. If you need additional space, please continue on a separate sheet of paper.

| | | | |
|--------------------|--------------------|----|----------------|
| 1. Employer | Dates Employed | | Work Performed |
| Address | From | To | Supervisor |
| Telephone # | Hourly Rate/Salary | | |
| Reason for Leaving | | | |
| 2. Employer | Dates Employed | | Work Performed |
| Address | From | To | Supervisor |
| Telephone # | Hourly Rate/Salary | | |
| Reason for Leaving | | | |
| 3. Employer | Dates Employed | | Work Performed |
| Address | From | To | Supervisor |
| Telephone # | Hourly Rate/Salary | | |
| Reason for Leaving | | | |

Education

| School Name & Address | Specialized Training Programs or GED | | | High School | | | | Under Graduate College/University | | | | Graduate/Professional | | | | |
|---|--------------------------------------|----|----|-------------|---|---|---|-----------------------------------|---|---|---|-----------------------|--|--|--|--|
| | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | | | | |
| Years Completed | | | | | | | | | | | | | | | | |
| Diploma/Degree | | | | | | | | | | | | | | | | |
| Describe Course of Study | | | | | | | | | | | | | | | | |
| Describe any specialized training, apprenticeships, skills and extra-curricular activities: | | | | | | | | | | | | | | | | |
| Describe any honors you have received: | | | | | | | | | | | | | | | | |
| State any additional information you feel may be helpful to us in considering your application: | | | | | | | | | | | | | | | | |

NORWESCAP offers a competitive wage base and incentive compensation plan plus excellent benefits including time off, medical, dental, TSA, pension, training and more. NORWESCAP is an equal opportunity employer and a Drug Free Workplace. NORWESCAP is committed to a diverse workforce and encourages bilingual individuals to apply. Equal Opportunity Employer.

Please read and sign prior to submitting application.

I certify answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I also authorize all appropriate contact of references and past employers unless otherwise indicated. In the event of employment, I understand that some positions may require a criminal background check and medical certification and that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all policies, rules and regulations of NORWESCAP.

This application for employment shall be considered active only for the position applied for. Any applicant wishing to be considered for employment in another position should inquire as to whether or not a new application needs to be submitted.

Signature of Applicant

Date