

# New Jersey Association on Correction

## Application for Employment

Conditions of employment are stated at the end of this form. A copy of the position's job description is provided to you together with this application.

Please read carefully before you sign this application.

**(Application must be completed in full even if attaching a resume.)**

POSITION APPLIED FOR \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

### PERSONAL

PLEASE PRINT USING BALLPOINT PEN

LAST NAME	FIRST NAME	MIDDLE INITIAL	
PRESENT ADDRESS	STREET	CITY, STATE	ZIP
COUNTY	HOME TELEPHONE #	CELL NUMBER	HOW LONG HAVE YOU LIVED HERE
PREVIOUS ADDRESS	STREET	CITY, STATE	ZIP
TELEPHONE #	HOW LONG HAVE YOU LIVED HERE		

IF NO PHONE, HOW MAY WE CONTACT YOU?

ARE ANY OF YOUR RELATIVES PRESENTLY EMPLOYED WITH NJAC OR ITS PROGRAMS ?  YES  NO

IF YES, NAME OF RELATIVE:

HAVE YOU EVER WORKED FOR NJAC OR ITS PROGRAMS BEFORE?  YES  NO

IF YES, WHERE? \_\_\_\_\_

APPROXIMATE DATE: MO/YR. \_\_\_\_\_

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH NJAC OR ITS PROGRAMS BEFORE?  YES  NO

IF YES, WHERE?

APPROXIMATE DATE: MO/YR.

HOW WERE YOU REFERRED:

IF YOU ARE UNDER AGE 18, PLEASE STATE YOUR AGE:	IF UNDER AGE 18, CAN YOU SUPPLY WORKING PAPERS? <input type="checkbox"/> YES <input type="checkbox"/> NO
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ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT, PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES?  YES  NO

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN?  YES  NO  
IF YES, PLEASE EXPLAIN:

**GENERAL INFORMATION**

**PLEASE CHECK SCHEDULE AVAILABILITY:**  
 I am available and desire to work FULL-TIME (37.5 hours) and do not have restrictions on my hours and days. (Complete Section B.)  
 I am available and desire to work PART-TIME (If less than 34 hours a week, please complete Sections A & B-Please note: **You must be available for occasional mandatory training which may be offered during your full time work hours** ).  
**A.** I am only available for PART-TIME because:  
 Student  Other Job  Other (explain) \_\_\_\_\_

B. HOURS AVAILABLE	MON	TUE	WED	THUR	FRI	SAT	SUN
FROM	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TO	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

**NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS.**

WAGE EXPECTED	DATE AVAILABLE FOR WORK?
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## EMPLOYMENT HISTORY

**BEGIN WITH YOUR MOST RECENT EMPLOYMENT [1] AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY)**

<b>1</b>	<b>EMPLOYER</b>	FROM	MO.	YR.	JOB TITLE	REASON FOR LEAVING (Please Explain)
NAME OF EMPLOYER					DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO				
CITY, STATE, ZIP		MO.		YR.		
PHONE NO.		TYPE OF BUSINESS				NAME & TITLE OF IMMEDIATE SUPERVISOR
EXPLAIN ANY PERIOD BETWEEN JOBS						
<b>2</b>	<b>EMPLOYER</b>	FROM	MO.	YR.	JOB TITLE	REASON FOR LEAVING (Please Explain)
NAME OF EMPLOYER					DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO				
CITY, STATE, ZIP		MO.		YR.		
PHONE NO.		TYPE OF BUSINESS				NAME & TITLE OF IMMEDIATE SUPERVISOR
EXPLAIN ANY PERIOD BETWEEN JOBS						
<b>3</b>	<b>EMPLOYER</b>	FROM	MO.	YR.	JOB TITLE	REASON FOR LEAVING (Please Explain)
NAME OF EMPLOYER					DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO				
CITY, STATE, ZIP		MO.		YR.		
PHONE NO.		TYPE OF BUSINESS				NAME & TITLE OF IMMEDIATE SUPERVISOR
EXPLAIN ANY PERIOD BETWEEN JOBS						
<b>4</b>	<b>EMPLOYER</b>	FROM	MO.	YR.	JOB TITLE	REASON FOR LEAVING (Please Explain)
NAME OF EMPLOYER					DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO				
CITY, STATE, ZIP		MO.		YR.		
PHONE NO.		TYPE OF BUSINESS				NAME & TITLE OF IMMEDIATE SUPERVISOR
EXPLAIN ANY PERIOD BETWEEN JOBS						

EXPLAIN ANY PERIOD BETWEEN JOBS	MAY WE CONTACT EMPLOYER? [ ] YES [ ] NO
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**EDUCATION**

EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			9 10 11 12	[ ] YES [ ] NO	
COLLEGE			1 2 3 4	[ ] YES [ ] NO	
COLLEGE			1 2 3 4	[ ] YES [ ] NO	
GRADUATE SCHOOL			1 2 3 4	[ ] YES [ ] NO	
BUSINESS. TRADE OTHER			1 2 3 4	[ ] YES [ ] NO	

**ADDITIONAL EXPERIENCE OR QUALIFICATIONS**

List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service which you would like considered in connection with your application for employment.

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**ATTENDANCE AND PUNCTUALITY INFORMATION**

Consistent attendance and punctuality are essential requirements of every job with this New Jersey Association on Correction. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with NJAC? [ ] YES [ ] NO

If Yes, please explain \_\_\_\_\_

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## BUSINESS REFERENCES

<b>1</b>	NAME	OCCUPATION BUSINESS PHONE (    )
HOME ADDRESS		TITLE
CITY AND STATE (ZIP)		HOW LONG KNOWN
<b>2</b>	NAME	OCCUPATION BUSINESS PHONE (    )
HOME ADDRESS		TITLE
CITY AND STATE (ZIP)		HOW LONG KNOWN
<b>3</b>	NAME	OCCUPATION BUSINESS PHONE (    )
HOME ADDRESS		TITLE
CITY AND STATE (ZIP)		HOW LONG KNOWN

## PERSONAL REFERENCES

<b>1</b>	NAME	HOME PHONE (    )
HOME ADDRESS		RELATIONSHIP
CITY AND STATE (ZIP)		HOW LONG KNOWN
<b>2</b>	NAME	HOME PHONE (    )
HOME ADDRESS		RELATIONSHIP
CITY AND STATE (ZIP)		HOW LONG KNOWN
<b>3</b>	NAME	HOME PHONE (    )
HOME ADDRESS		RELATIONSHIP
CITY AND STATE (ZIP)		HOW LONG KNOWN

**NOTIFICATION AND AGREEMENT**

**PLEASE READ BEFORE SIGNING**

**I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.**

**I authorize you to communicate with persons listed as references, former employers, educational institutions, and any others with whom you desire to check. I agree to hold such persons harmless with respect to any information they may give about me.**

**If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could reflect adversely on NJAC. I understand this decision is to rest with NJAC.**

**If employed, I agree to hold in strictest confidence any information concerning NJAC, and its Agents which may come to my knowledge.**

**I understand that completion of this Application For Employment does not guarantee that I have been employed by this New Jersey Association on Correction.**

**I hereby affirm that my answers to these statements and questions are true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably.**

**I understand that any misrepresentation, deception, or false statement made in this Employment Application may result in my not being considered for employment, and if not discovered by NJAC until after my becoming employed, is grounds for, and may result in, my immediate termination.**

\_\_\_\_\_  
**Signature of Applicant or Employee                      Date**

\_\_\_\_\_  
**Printed Name of Applicant or Employee**

# FCRA Authorization Form

## CONSENT TO PROCUREMENT OF CONSUMER REPORT

I understand that, as a condition of my consideration for employment with New Jersey Association on Correction, or as a condition of my continued employment with New Jersey Association on Correction, New Jersey Association on Correction may obtain a consumer report through IntelliCorp Records. Inc., that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my character, general reputation, personal characteristics and trustworthiness. By signing this Consent I also acknowledge that I have received a copy of my Summary of Consumer Rights as required under the Fair Credit Reporting Act.

I hereby authorize and consent to New Jersey Association on Correction's procurement of a consumer report, as described above, through IntelliCorp Records. Inc if applicable. I understand that, pursuant to the federal Fair Credit Reporting Act, New Jersey Association on Correction will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with New Jersey Association on Correction. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

### **NJAC Policy number: 590.71-72**

- A. Newly hired personnel will meet hiring qualifications as stated in the job description.
  - 1. The agency will retain qualified staff based on experience, skills and academic experience relative to our population and services provided.
  - 2. Per contract, qualified staff must receive a background clearance prior to hire by NJAC and, if applicable, NJDOC, Special Investigation Division for any NJDOC funded programs.
- B. Prior to hire and/or immediately thereafter, NJAC will implement the following verification actions regarding **ALL** new hires:
  - 1. Social Security Validation
  - 2. Criminal Background
  - 3. Drivers History Abstract
- C. Prior to hire and/or immediately thereafter, NJAC will implement the following verification actions regarding a select population of new hires based on job categories below:
  - 1. Official and Manager    BS or BA and/or Masters    Prof. license (if applicable)
  - 2. Professionals            BS or BA and/or Masters    Prof. license (if applicable)
  - 3. Adm. Support              Associate
- D. Positions with job duties involving finance funds such as but not limited to Fiscal Director, comptroller, accountants, in accordance to federal and state stature, including FCRA such incumbents will be subject to a fair credit background check.
- E. All positions in section B will be subject to at least two prior employer checks.

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**Signature of Applicant or Employee**

**Date**

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**Printed Name of Applicant or Employee**