

Roxbury Day Care Center, Inc.  
25 Righter Road  
Succasunna, NJ 07876  
Phone (973)584-3030 Fax (973)252-8299

# Application For Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(PLEASE PRINT)

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source: \_\_\_\_\_ Advertisement \_\_\_\_\_ Friend \_\_\_\_\_ Relative \_\_\_\_\_ Walk-In  
\_\_\_\_\_ Employment Agency \_\_\_\_\_ Other \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip Code

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_  
Area Code

If employed and you are under 18, can you furnish a work permit? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you filed an application here before? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give date \_\_\_\_\_

Have you ever been employed here before? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give date \_\_\_\_\_

Are you employed now? \_\_\_\_\_ Yes \_\_\_\_\_ No

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you prevented from lawfully becoming employed in this country

because of Visa or Immigration Status? \_\_\_\_\_ Yes \_\_\_\_\_ No

(Proof of citizenship or immigration status may be required upon employment)

On what date would you be available for work? \_\_\_\_\_

Are you available to work \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Shift Work \_\_\_\_\_ Temporary

Are you on a lay-off and subject to recall? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you travel if a job requires it? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been convicted of a crime or a disorderly persons offence? \_\_\_\_\_ Yes \_\_\_\_\_ No

(Convictions will not necessarily disqualify applicant from employment.)

If yes, please explain \_\_\_\_\_

AN EQUAL OPPORTUNITY EMPLOYER M/F/V/H



## Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

<b>Employer</b>	Telephone ( )	Dates Employed		Work Performed
Address		From	To	
Job Title		Hourly Rate/Salary		
Supervisor		Starting	Final	
Reason for Leaving				
<b>Employer</b>	Telephone ( )	Dates Employed		Work Performed
Address		From		
Job Title		Hourly Rate/Salary		
Supervisor		Starting		
Reason for Leaving				
<b>Employer</b>	Telephone ( )	Dates Employed		Work Performed
Address		From		
Job Title		Hourly Rate/Salary		
Supervisor		Starting		
Reason for Leaving				
<b>Employer</b>	Telephone ( )	Dates Employed		Work Performed
Address		From		
Job Title		Hourly Rate/Salary		
Supervisor		Starting		
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

### Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience

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Veteran of the U.S. Military service? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, Branch \_\_\_\_\_

Indicate Languages you speak, read, and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.

(You may include those which indicate race, color, religion, sex, or national origin) :

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Give name, address and telephone number of three references who are not related to you and are not previous employers.

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Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical Or Mental Handicaps.

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

\_\_\_\_\_ Handicapped Individual \_\_\_\_\_ Disabled Veteran \_\_\_\_\_ Vietnam Era Veteran

Signed \_\_\_\_\_