



Application For Employment

Community Treatment Solutions is an equal opportunity employer. It is our policy to provide equal opportunities in employment, promotion, wages, benefits and all other privileges, terms and conditions of employment to qualified persons without regard to race, religion, color, creed, ancestry, national origin, sex, sexual orientation, age, military or veterans status or disability which does not interfere with the ability to perform the essential functions of an employee's job with or without reasonable accommodation.

PERSONAL INFORMATION

Name: _____
Last *First* *Middle*

Present Address: _____
Street City State Zip

Phone: _____ Number of years at this address: _____

Previous Address: _____
Street City State Zip

Phone: _____ Number of years at this address: _____

Are you legally permitted to work in the United States? Yes _____ No _____

EMPLOYMENT DESIRED [Optional]

Position: _____ Expected weekly pay: _____

Are you employed now? _____ If so, may we inquire of your present employer? _____

Have you applied for a job at Community Treatment Solutions before? _____ When? _____

EDUCATION

	Name & Location of School	No. of Yrs. Attended	Date You Graduated	Major Course of Study
High School or G.E.D.				
College				
Graduate School				
Trade, Business, or Correspondence School				

Please describe additional skills, training, or ability you would like to have us consider in evaluating your qualifications: _____

FORMER EMPLOYERS—DO NOT WRITE “See Resume.”

(List last ten years of employment, starting with current employer. Add additional page if necessary.)

Company/Firm: _____ Address: _____ _____ Telephone: _____ Supervisor: _____	(Mo./Yr) From: _____ To: _____ <hr style="width: 50%; margin: 0 auto;"/> Rate of Pay <u>Start</u> <u>Finish</u>	Job Title: _____ Duties: _____ _____ Reason For Leaving: _____ _____
Company/Firm: _____ Address: _____ _____ Telephone: _____ Supervisor: _____	(Mo./Yr) From: _____ To: _____ <hr style="width: 50%; margin: 0 auto;"/> Rate of Pay <u>Start</u> <u>Finish</u>	Job Title: _____ Duties: _____ _____ Reason For Leaving: _____ _____
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REFERENCES (Give the names of three persons not related to you whom you have known at least one year)
 (Two professional, one personal) (Treatment Home: One professional, two personal)

Name	Address	Telephone	Occupation	Years Acquainted
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____

Are you able, with or without accommodation, to perform all of the essential functions of the job for which you are applying?

Yes _____ No _____

OTHER

Have you **EVER** been convicted of a felony, misdemeanor or disorderly persons offence? Yes _____ No _____
Conviction will not necessarily disqualify an applicant from employment.

If "yes" please explain _____

Do you have a valid Driver's License? Yes _____ No _____ State _____

Have you been cited for any moving violations in the last three years? Yes _____ No _____

If "yes" please explain including date, charge and disposition: _____

Have you been involved in any automobile accident within the last three years? Yes _____ No _____

If "yes" please explain including date, charge and disposition: _____

TREATMENT/SHELTER HOME APPLICANTS ONLY (This information is required to meet State licensing guidelines)

FAMILY COMPOSITION:

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does anyone who is not a family member live in your household? Yes _____ No _____
If Yes, Please provide Name, Age & Relationship _____

Are you currently involved in any type of Paid or volunteer childcare in your home (i.e., DYFS, DDD, Day Care)?
Yes _____ No _____ If yes, Please explain: _____

All the above information contained above is accurate and truthful to the best of my knowledge.

SIGNATURE DATE

LIABILITY RELEASE FORM

I, _____, hereby give Community Treatment Solutions the right to make a thorough investigation into my previous employment, education and references; and I release from all liability all persons, companies, and corporations supplying such information. I release, indemnify, and hold harmless Community Treatment Solutions from and against any and all liability, which might result from making such an investigation.

I understand that any false answer, statement, or representation made by me in this application shall result in immediate discharge. I also understand that nothing contained in this employment application or granting of an interview is intended to create an employment contract between Community Treatment Solutions and myself for either employment or for the granting of benefits. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Community Treatment Solutions unless made in writing. If an employment relationship is established, I understand and agree that it is not for a definite period of time and that I have the right to terminate my employment at any time and that Community Treatment Solutions may terminate my employment at will with or without cause or reason at any time with or without notice.

I understand that, if accepted for employment, it is necessary to abide by the rules and policies of Community Treatment Solutions.

Signature

Date

CTS Witness

Date

Community Treatment Solutions
Criminal Records Check Consent Form

Print Name: _____

Address: _____

In order to serve the best interest of the children at Community Treatment Solutions, the State of New Jersey requires criminal record checks on all employees/volunteers & contracted consultants. Therefore, the following request for information must be completed and returned to the Human Resource Department prior to the offer of employment. Your signature on this form authorizes Community Treatment Solutions to obtain information from any law enforcement agency, court and/or record source and to investigate any matter deemed relevant to the evaluation of your suitability for employment with Community Treatment Solutions. All applicants must complete this form.

Any falsification, misrepresentation or omission of requested information will result in denial of employment or immediate termination, regardless of when and how discovered.

Information obtained by a criminal record check will be used only for job-related purposes and only to the extent permitted by applicable law.

I have read and understand this request for information and agree to hold Community Treatment Solutions and employees harmless from any liability resulting from the use of the information requested. I will provide true, correct, and complete facts. I understand that misrepresentation or omission of facts will be grounds for denied employment.

Signature Date

CTS Witness Date

Corporate Use Only:

Community Treatment Solutions has received the fingerprint cards and criminal record check back for the above named from the New Jersey State Police on _____.

I have examined the criminal history report and verify that it has come back showing _____ record. I also verify that said information has not been disseminated to any unauthorized person and has been destroyed.

CTS Staff Signature Date