



Your Journey Starts Here
Care. Community. Choice.

1520 Route 130 No., Suite 201
North Brunswick, NJ 08902
Telephone: (732) 658-6636
Facsimile: (732) 658-6642

APPLICATION FOR EMPLOYMENT

Please PRINT neatly in ink

Date of Application _____

Name _____	Phone # _____
Address _____	Alt. Phone # _____
City _____ State _____	Zip Code _____
Email: _____	
Position(s) applied for _____	Salary Desired _____
Referral Source _____ (i.e. employee, Job Board, newspaper, website,)	

If hired and under 18, can you furnish a work permit? No Yes

Have you ever been employed by Triple C Housing? No Yes

If yes, dates of employment _____ - _____ Position _____

Work Schedule Availability

Full Time Part Time Weekends Substitute/Per-Diem

Days available: Monday Tuesday Wednesday Thursday Friday Saturday Sunday Holidays

Hours Available: Days ___:___ to ___:___ Evenings ___:___ to ___:___ Any

Other: _____

You are not required to disclose information about physical or mental limitations that may impact your ability to perform the job. However, should you want Triple C Housing to consider special accommodations please check below and provide suggestions of the type of accommodation(s) that you believe would be appropriate. No Yes



Education and Training

High School

Name and Location	Dates Attended Month/Year	Graduate	Degree	Year
	From /	<input type="checkbox"/> Yes		
	To /	<input type="checkbox"/> No		

College, Business School, Vocational

Name and Location	Dates Attended Month/Year	Graduate	Degree and Major	Year
	From /	<input type="checkbox"/> Yes		
	To /	<input type="checkbox"/> No		

Name and Location	Dates Attended Month/Year	Graduate	Degree and Major	Year
	From /	<input type="checkbox"/> Yes		
	To /	<input type="checkbox"/> No		

Employment Experience – Please list present & past employment, beginning with the most recent.

Complete this section even if you are submitting a resume. Start with most recent employer first.

Name and Address of Employer	Month/Year	Salary	Position	Reason for Leaving
	Start /			
	End /			

Duties:

May we contact this employer? Yes No

Name and Address of Employer	Month/Year	Salary	Position	Reason for Leaving
	Start /			
	End /			

Duties:

May we contact this employer? Yes No



Name and Address of Employer	Month/Year	Salary	Position	Reason for Leaving
	Start /			
	End /			
Duties:				

May we contact this employer? Yes No

Special Skills and Qualifications:

Please summarize special skills and qualifications acquired from employment or other experience that would be pertinent to your application for employment.

Please list professional license, registration or certification numbers and expiration dates below:

_____	_____	_____
Title	Expiration Date	License Number
_____	_____	_____
Title	Expiration Date	License Number
_____	_____	_____
Title	Expiration Date	License Number

Agreement

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations and I agree that my employment and compensation can be terminated at-will, with or without cause and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice at any time by the company.

If hired, I understand that I am required to furnish proof that I am authorized to work in the United States. Without the proper documents, employment will not be extended beyond three (3) days as required by the Immigration Reform and Control Act.

If employed, I understand that no management representative has any authority to enter into any oral agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Any offer of employment is contingent upon, satisfactory determination that I am capable of performing the job with or without a reasonable accommodation.

Triple C Housing, Inc. is an equal opportunity employer and does not discriminate because of race, creed, color, ancestry, national origin, age, physical impairment, sex, sexual orientation, sexual "expression", marital status, civil union or obligation to US Armed Forces.

I release Triple C Housing from responsibility to investigate in good faith and without malice my background and I understand that employment is also dependent upon satisfactory response to the investigation of my references and fulfilling all requirements related to pre-employment.

Signature of Applicant: _____ Date: _____



Reference Checking Consent and Authorization Form

Consent (Please read the information on this form carefully and completely.)

I have applied for employment with Triple C Housing Inc. and have provided information about my previous employment. I authorize Triple C Housing Inc. to conduct a reference check with my present and or previous employers (s) and or personal references. I understand that reference information may include, but not be limited to, verbal and written inquiries or information about my employment, performance, professional demeanor, rehire potential, dates of employment, salary and employment history.

My signature below authorizes my former or current employers and references to release information regarding my employment record with their organizations and to provide any additional information that may be necessary for my application for employment at Triple C Housing, whether the information is positive or negative. I knowingly and voluntarily release all former and current employers, references, and Triple C Housing from any and all liability arising from their giving or receiving information about my employment history, my academic credential or qualifications, and my suitability for employment with Triple C Housing.

This form may be photocopied or reproduced as a facsimile, and these copies will be effective as a release or consent as the original which I sign.

Name: _____
(Please Print)

Date: _____

Signature: _____



References Form

Applicant Name: _____

Professional References- Please Print

	Name and Address	Phone Number	Email	Relationship	Years Known
1.					
2.					
3.					

Personal References (non relatives) - Please Print

	Name and Address	Phone Number	Email	Relationship	Years Known
1.					
2.					
3.					

Applicant Signature

Date