

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	SOCIAL SECURITY NUMBER
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 CONVICTED OF A CRIME OR VIOLATION OTHER THAN A MINOR TRAFFIC INFRACTION? YES NO

(A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. FACTORS SUCH AS JOB RESPONSIBILITIES, AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF VIOLATION AND REHABILITATION WILL BE TAKEN INTO ACCOUNT)

IF YES, PLEASE EXPLAIN:

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 (35 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)

1	EMPLOYER	FROM	STARTING	JOB TITLE	REASON FOR LEAVING (Please Explain)
NAME OF EMPLOYER		MO.	YR.	\$	
ADDRESS		TO		ENDING	
CITY, STATE, ZIP		MO.	YR.	SALARY	
PHONE NO.		TYPE OF BUSINESS			NAME & TITLE OF IMMEDIATE SUPERVISOR
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [] YES [] NO
2	EMPLOYER	FROM	STARTING	JOB TITLE	REASON FOR LEAVING (Please Explain)
NAME OF EMPLOYER		MO.	YR.	\$	
ADDRESS		TO		ENDING	
CITY, STATE, ZIP		MO.	YR.	SALARY	
PHONE NO.		TYPE OF BUSINESS			NAME & TITLE OF IMMEDIATE SUPERVISOR
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [] YES [] NO
3	EMPLOYER	FROM	STARTING	JOB TITLE	REASON FOR LEAVING (Please Explain)
NAME OF EMPLOYER		MO.	YR.	\$	
ADDRESS		TO		ENDING	
CITY, STATE, ZIP		MO.	YR.	SALARY	
PHONE NO.		TYPE OF BUSINESS			NAME & TITLE OF IMMEDIATE SUPERVISOR
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [] YES [] NO
4	EMPLOYER	FROM	STARTING	JOB TITLE	REASON FOR LEAVING (Please Explain)
NAME OF EMPLOYER		MO.	YR.	\$	
ADDRESS		TO		ENDING	
CITY, STATE, ZIP		MO.	YR.	SALARY	
PHONE NO.		TYPE OF BUSINESS			NAME & TITLE OF IMMEDIATE SUPERVISOR
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [] YES [] NO

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.

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 _____

BUSINESS REFERENCES

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

PERSONAL REFERENCES

1	NAME	HOME PHONE ()
HOME ADDRESS		RELATIONSHIP
CITY AND STATE (ZIP)		HOW LONG KNOWN
2	NAME	HOME PHONE ()
HOME ADDRESS		RELATIONSHIP
CITY AND STATE (ZIP)		HOW LONG KNOWN
3	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, its Insureds, 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. 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.

Signature of Applicant or Employee Date

Printed Name of Applicant or Employee

Request for applicant self-identification

NJAC is an equal opportunity and affirmative action employer. To assist us in complying with government

Thank you for your recent inquiry regarding employment opportunities at NJAC. Your application and/or resume will be maintained active for a period of one year.

record keeping, reporting and with Federal and State requirements, we request that you complete the information below. It will be kept confidential. COMPLETION OF THIS FORM IS VOLUNTARY, and refusal to complete it will not subject you to any adverse treatment.

GENDER:

Male Female

RACE/ETHNIC GROUP:

<input type="checkbox"/>	American Indian or Alaskan Native	A person having origins in any of the original peoples of North or South America, and who maintains tribal affiliation or has community recognition as an American Indian or Alaskan Native.
<input type="checkbox"/>	Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines, Thailand, and Vietnam.
<input type="checkbox"/>	Black or African American	A person having origins in any of any of the black racial groups of Africa.
<input type="checkbox"/>	Hispanic or Latino (All Races)	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origins, regardless of race.
<input type="checkbox"/>	<u>Hispanic or Latino (White Race Only)</u>	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture and of the White race.
<input type="checkbox"/>	<u>Hispanic or Latino (All Other Races)</u>	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White.
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	A person having origins of any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/>	White	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

VETERAN STATUS

<input type="checkbox"/>	Vietnam Era Veteran or Other Eligible Veteran
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I do not wish to furnish the above information. *Initials:* _____

LAST NAME _____ FIRST NAME: _____ MI: _____

STREET/MAILING ADDRESS: _____ **CITY/STATE/ZIP:** _____

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

1. You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

2. You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- ✚ a person has taken adverse action against you because of information in your credit report;

- ✚ you are the victim of identify theft and place a fraud alert in your file;

- ✚ your file contains inaccurate information as a result of fraud;

- ✚ you are on public assistance;

- ✚ you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

3. You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

4. You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

5. Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

6. Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

7. Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

8. You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not

required in the trucking industry. For more information, go to www.ftc.gov/credit.

9. You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-800-XXX-XXXX.

10. You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

11. Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS	CONTACT
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation , Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921 Department of Agriculture	Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051