

Legal Services of New Jersey, Inc.
Application for Employment

PERSONAL INFORMATION

Position Applied For _____ Salary Desired _____

Where did you hear of the position _____

Name _____ Social Security Number (last 4 digits only) _____

Address _____
Street _____ City _____ State _____ Zip Code _____

Phone Home (____) _____ Cell (____) _____ Work (____) _____

Note: All prospective employees must submit proof of identity and eligibility for employment in the U.S. upon hire.

Are you legally eligible to work in the U.S.? Yes No

Please list any restrictions on your eligibility for employment imposed by United States Immigration Law. _____

Have you ever served in the military service? Yes No
If yes, Branch _____, Date entered _____, Date discharged _____

Have you ever worked for LSNJ? Yes No What Position? _____ When? _____

If you are related to anyone in our employ, or on our Board of Trustees, please state his/her name: _____

Do you have a driver's license? Yes No
For some LSNJ positions, driver's license and access to a motor vehicle will be necessary.

Have you ever been fired or asked to resign from a job? Yes No
If yes, give the name and address of employer and describe reason. A firing or forced resignation does not automatically exclude you from employment.

EDUCATION

High School

Name and location of the last high school attended: _____

Did you graduate? Yes No If not, have you passed a G.E.D. test? Yes No

College/Post Graduate

School Name _____ Major Area of Study _____ Degree _____ Date of Graduation _____ Cumulative GPA _____

Special Qualifications and Skills: (foreign languages, professional licenses, certificates, computer skills, typing)

EXPERIENCE

The selection process for most positions involves an evaluation of relevant education and experience. It is important, therefore, that you provide enough details so that your qualifications can be properly evaluated. Start with your present job and work back. Be sure to include all requested information.

Current Employer	Dates: From Phone Number	To Regular Hrs per Week
Address	Salary: Starting	Ending
Job Title		

Supervisor's Name
Reason for wanting to leave

Describe your work:

Employer	Dates: From Phone Number	To Regular Hrs per Week
Address	Salary: Starting	Ending
Job Title		

Supervisor's Name
Reason for Leaving

Describe your work:

Employer	Dates: From Phone Number	To Regular Hrs per Week
Address	Salary: Starting	Ending
Job Title		

Supervisor's Name
Reason for Leaving

Describe your work:

Employer	Dates:	
Address	From	To
Job Title	Phone	Regular Hrs
Supervisor's Name	Number	per Week
Reason for Leaving	Salary:	
	Starting	Ending

Describe your work:

List any activities which have provided you with experience you consider useful for the position in which you are interested or for work on behalf of low-income people?

May we conduct a background check of your qualifications, character and record of employment?
 Yes No If no, please explain

Please list 3 professional references, not relatives (**preferably past supervisors**) who can tell us about your qualifications.

Name	Title/Company	Telephone Number	Yrs. Known
Name	Title/Company	Telephone Number	Yrs. Known
Name	Title/Company	Telephone Number	Yrs. Known

CERTIFICATION

This statement must be signed.
 I certify that all of the statements made in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not employing me or for dismissing me after I have begun work. I authorize investigation by LSNJ of all statements contained in this application or made by me during any interviews. I waive all rights I might have against a previous employer who provides references and/or records concerning my employment history. I understand that, if hired, my employment with LSNJ will be "at-will." This means that both I and LSNJ have the right to end my employment at any time with or without cause. I understand that this at-will status can only be changed by a written employment contract signed by both me and the President of LSNJ. I understand that this application will remain active for sixty (60) days only and that I must reapply to be considered for any future job openings.

Signature

Date