



**Avenues to Independent Living**  
**55 Curtis Avenue**  
**Woodbury, New Jersey 08096**  
**Office (856)537-7919 Fax (856)537-7914**

Date: \_\_\_/\_\_\_/\_\_\_\_\_

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Name - Last	First	Middle Initial	Position Desired
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Address – Street	City	State	Zip Code	Phone Number
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Have you ever applied to work for this organization before? Yes \_\_\_ No \_\_\_      Shift Desired: Morning, evening, night, Weekend

If yes when: \_\_\_\_\_

Do you know any current or former employees of Avenues? If so, who \_\_\_\_\_

How did you hear about our company? \_\_\_\_\_      Date able to start: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**TYPE OF EXPERIENCE**

What types of office equipment and software are you familiar with? \_\_\_\_\_

What valid licenses do you hold relative to the job for which you are applying? \_\_\_\_\_

Are you Bilingual? Yes \_\_\_ No \_\_\_ If yes, what languages do you speak? \_\_\_\_\_

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**EMPLOYMENT HISTORY**

Please account for all employment, including periods of unemployment. List employment from most recent to least recent. Include US Military Service if experience/skills are relevant to the job for which you are applying. Do NOT show type of discharge or dates of service for Military service.

Dates of Employment		Employer Name & Address	Supervisor Name	Position Title	Reason for Leaving
From	To				

**EDUCATIONAL HISTORY**

	Name & Address of School	Dates of Attendance		Highest Grade Completed	Did You Graduate?	Major	Degree Received
		From	To				
High School							
College							
Graduate/Trade School							

**REFERENCES**

Please furnish with people that you have known for at least 1 year and are NOT relatives.

Name	Address	Telephone	Years Known	Profession

May we check your references? Yes \_\_\_ No \_\_\_

As a condition of my employment by Avenues to Independent Living, I accept the principle that the welfare of the organization depends upon the conduct and honesty of the employee. I authorize Avenues to Independent Living and any agent authorized to act on the behalf to conduct an investigation of my character, reputation, previous employment, reasons for termination and credit worthiness. I hereby release Avenues to Independent Living and any other authorized agent acting on their behalf from any liability by reason of furnishing such information. I agree to accept the final decision of Avenues to Independent Living as to my suitability for employment.

I understand that nothing contained in this employment application is intended to lead or to create an employment contract between Avenues to Independent Living and myself. I further understand that the employment relationship that may result from my application will be an employment at will, and Avenues to Independent Living may terminate the relationship at any time with or without cause. This policy cannot be waived or change orally by any representative of Avenues to Independent Living.

I certify that the information provided by me in this application is accurate and complete to the best of my knowledge. I understand that any misrepresentation or omission of information requested herein can be cause for dismissal of employment.

\_\_\_\_\_  
Applicant's Signature & Date

\_\_\_\_\_  
Interviewer's Signature & Date

Availability:

Please note that employees may be required to work some night and weekends. Our company serves our consumers based on their needs and requirements. Only indicate the days and times that you CAN work.

Day of the week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<i>Time of day</i>							