



**154 Front St.  
South Plainfield, NJ 07080**

**Phone: (908) 757-1080**

**Fax: (908) 755-6810**

Keystone Community Living, Inc. is an equal opportunity employer and applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, sexual orientation, citizenship status, marital or veteran status, or the presence of a non-related medical condition or disability.

**Please write legibly. Only applications with completed information requested will be taken into consideration.**

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

Last	First	M.I.
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Permanent Address:

Street	City	State	Zip Code
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Present address (if different):

Street	City	State	Zip Code
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Primary phone #: \_\_\_\_\_ Alternate Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Last 4 Digits of Your Social Security Number: \_\_\_\_\_

Are you at least 18 years of age? Yes\_\_\_\_\_ No \_\_\_\_\_

Do you maintain a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_ What state? \_\_\_\_\_

Have you filled an application here before? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, give date \_\_\_\_\_)

Do you have experience working with persons with disabilities? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, how many years? \_\_\_\_\_

Were you referred by one of our employees? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, whom \_\_\_\_\_)

If hired, can you present evidence of US citizenship or your legal right to live and work in this country? Yes \_\_\_\_\_ No \_\_\_\_\_

Position applied for: \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Are you available to work: Full-Time? \_\_\_\_\_ Part Time? \_\_\_\_\_ Per Diem? \_\_\_\_\_

Are you on a lay-off and subject to recall? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you work overtime if needed? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime, or are there any felony charges pending against you?

(A conviction will not necessarily disqualify you for the job that you have applied)

No \_\_\_\_\_ Yes (Explain) \_\_\_\_\_

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Have you ever been adjudged civilly or criminally liable for the abuse of a person with developmental disabilities? No \_\_\_\_\_ Yes (Explain) \_\_\_\_\_

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## EDUCATION

Name of High School \_\_\_\_\_

Location \_\_\_\_\_

Did you graduate? Yes \_\_\_\_ No \_\_\_\_ (Please attach a copy of High School Diploma or Equivalent)

Degrees, certificates, or honors obtained, if relevant to the job applied for:

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Name of College/University \_\_\_\_\_

Location \_\_\_\_\_

Did you graduate? Yes \_\_\_\_ No \_\_\_\_ If no, how many years attended? \_\_\_\_

Degrees, certificates, or honors obtained, if relevant to the job applied for

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(Please attach a copy of Degree(s), honors, and certificates)

Name of Graduate/Professional School \_\_\_\_\_

Location \_\_\_\_\_

Did you graduate? Yes \_\_\_\_ No \_\_\_\_ If no, how many years attended? \_\_\_\_

Degrees, certificates, or honors obtained, if relevant to the job applied for

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## SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience:

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## EMPLOYMENT EXPERIENCE

Start with your present or most recent job. Include military service assignments and volunteer activities. Exclude organization names that include race, color, religion, sex, marital status, age, disability, sexual orientation or citizenship status.

<u><b>Employer</b></u>	<u><b>Dates Employed</b></u>  <u>From:</u>  <u>To:</u>	<u><b>Job Title</b></u>
<u>Address:</u>  <u>Phone Number:</u>  <u>Fax Number:</u>	<u><b>Supervisor (First &amp; Last Name):</b></u>  <u>Email:</u>	<u><b>Reason for Leaving</b></u>  <u><b>May We Contact?</b></u>

<u><b>Employer</b></u>	<u><b>Dates Employed</b></u>  <u>From:</u>  <u>To:</u>	<u><b>Job Title</b></u>
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<u><b>Employer</b></u>	<u><b>Dates Employed</b></u>  <u>From:</u>  <u>To:</u>	<u><b>Job Title</b></u>
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**PERSONAL REFERENCES**

Please provide the information requested. Do not use persons who are related to you or previous employers.

Name (First and Last)	Email Address	Telephone Number	Business	Years Acquainted

## APPLICANT'S STATEMENT

By signing my name below:

- I certify that my answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- I understand that any employment relationship with this employer is “**at will**”, meaning that the employee may resign at any time and the employer may discharge at any time, with or without cause. I further understand that this “**at will**” employment may not be changed by any written document or otherwise, unless the President specifically acknowledges the change in writing.
- Once an offer of employment has been made, I agree to provide a urine specimen voluntarily to the laboratory selected by Keystone Community Living, Inc. or its affiliates with the understanding that it will be tested for common drugs of abuse. This testing is consistent with the desire of Keystone to provide a safe, efficient work place and to encourage health and well-being of its employees.
- I am aware that once an offer of employment has been made, I will be required to take a physical examination and a two-step mantoux or chest x-ray.
- I understand that the results of my drug test and criminal background will remain confidential, to the extent that is possible, and will be used only for the purpose of determining the suitability of my employment at Keystone Community Living. I understand that determining suitability is at the total discretion of Keystone Community Living.
- Once an offer of employment has been made, I agree to be fingerprinted at a location selected by Keystone Community Living, Inc. or its affiliates with the understanding that a criminal background check will be conducted. This background check is mandated by state law and is consistent with the desire of Keystone Community Living, Inc. to provide a safe, efficient work place. I also understand that I may be subject to a motor vehicle check to insure driver suitability.
- In consideration of my application for employment with Keystone Community Living, I hereby release Keystone Community Living and its affiliates, its administration, and/or employees from any claim or action or potential claim or action arising out of the urine testing, including those relating to the right to privacy or the rejection of my application.
- I understand that I am required to abide by all rules, regulations and policies of Keystone Community Living.
- I understand that any false or misleading information given during the process of application or interview, including a failure to disclose requested information, may result in discharge.

Signature \_\_\_\_\_ Date \_\_\_\_\_