



**LAUREL
CIRCLE**
your life embraced

**Laurel Circle
100 Monroe Street
Bridgewater, NJ 08807**

Application for Employment

Laurel Circle is an equal opportunity employer. Those applicants requiring accommodation to the application interview process should contact Human Resources.

Position applied for _____ Today's date ____ / ____ / ____

Name _____
Last First Middle

Address _____
Street/Apt. City State Zip Code

Telephone (____) _____ E-mail address _____

If you are under 18, can you furnish a work permit? Yes No
 No Have you ever been employed here before? Yes No
 Are you legally authorized to work in this country? Yes No
 Date available for work ____/____/____
 Type of employment desired Full-Time Part-Time Per-diem
 Has any agency ever imposed a sanction against your license? *Check N/A if no license is required for the position you are applying for.* Yes No N/A
 Have you ever been debarred, convicted, excluded or otherwise ineligible from participation in a Federal or State health care program? Yes No
 If yes, please explain: _____

Previous Employment

Please list your last three employers, assignments or volunteer activities, starting with the most recent, including military experience.

From To Employer Telephone (____)

Job Title Address City, State, Zip

Immediate Supervisor: Name, Title May we contact this person? Telephone and/or email address

Brief summary of work performed & job responsibilities : _____
 _____ Reason for leaving: _____

From	To	Employer	(____)____ Telephone
Job Title	Address	City, State, Zip	
Immediate Supervisor: Name, Title		May we contact this person?	Telephone and/or email address
Brief summary of work performed & job responsibilities :			Reason for leaving:

From	To	Employer	(____)____ Telephone
Job Title	Address	City, State, Zip	
Immediate Supervisor: Name, Title		May we contact this person?	Telephone and/or email address
Brief summary of work performed & job responsibilities :			Reason for leaving:

Certificates, Licenses, Skills

Summarize any training, skills, licenses, certificates, and/or characteristics of yourself that may qualify you as being able to perform functions for the position which you are applying.

Educational Background

High School (Name, Location)	Years Completed	Graduate? () yes () no	
College (Name, Location)	Years Completed	Graduate? () yes () no	Major/Degree
Other i.e. Trade School (Name, Location)	Years Completed	Graduate? () yes () no	Major/Degree

Professional References

Name	Telephone and/or email address	Job Title & Company
Name	Telephone and/or email address	Job Title & Company
Name	Telephone and/or email address	Job Title & Company

I attest to the truth and accuracy of all information I have provided on this application and it is understood and agreed that any misrepresentation by me or omissions of fact on this application will be sufficient cause for rejection of my application and/or termination of my employment, if I have become employed. I give the company the right to investigate all references and to secure additional information about me, if job-related. I hereby release the company and its representatives from any liability for seeking such information, as well as all other persons, corporations or organizations for furnishing such information to the company. The company is an equal opportunity employer and will not base hiring on race, sex, national origin, religion, disability, age, gender identity, genetic information, sexual orientation or any other protected characteristic under applicable local, state, or federal laws. The company does not discriminate in employment and no question on this application is used or intended to be used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by applicable local, state or federal law. The company is a "Drug-Free Workplace" and it is understood that all offers of employment are conditional. The company requires all eligible applicants to participate in a pre-employment drug-testing program. An application will not be processed further unless the eligible applicant agrees to participate in the test. Failure to complete, sign and date the Consent & Release Form will disqualify me from any consideration for employment.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application. I understand that the company is an "employer at-will" and that if I become employed by the company just as I will be free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the company has the authority to make any assurance to the contrary. I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of a person's need for an accommodation that would be required by the ADA.

Signature of Applicant _____ Date ____/____/____