

NNJS, INC.
Employment Application

FOR OFFICE USE ONLY!

Interview – Yes or No When? _____

Comments: _____

APPLICANT INFORMATION

Last Name		First	M.I.	Date
Street Address		P.O. Box _____	Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Date Available	Social Security No.		Desired Salary	
Position Applied for		Referral Source: _____		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain (use back if necessary)	
When is the best time to contact you? _____		Will you work overtime, if necessary? ___Yes ___No		
Are you interested in: ___ Full Time ___ Part Time ___ Both		Are you available to work overnight shifts? ___ Yes ___ No		
Are you available to work 4 pm to Midnight shifts? ___ Yes ___ No		Are you available to work weekends? ___ Yes ___ No		

EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

PREVIOUS EMPLOYMENT – BEGIN WITH THE MOST RECENT

Company		Phone ()	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	

Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$

Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES NO

Company	Phone ()
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Address	Supervisor
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Job Title	Starting Salary	\$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES NO

REFERENCES -- PLEASE LIST THREE PROFESSIONAL REFERENCES

Full Name/Relationship	Company
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Address	Phone ()
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Full Name/Relationship	Company
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Address	Phone ()
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Full Name/Relationship	Company
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Address	Phone ()
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SKILLS AND QUALIFICATIONS – SUMMARIZE ANY SPECIAL TRAINING OR SKILLS YOU HAVE THAT MAY ASSIST YOU IN THIS JOB

EMPLOYMENT GAPS – Explain any gaps in your employment, other than those due to personal illness, injury or disability

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:	Date:
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Pre-Employment Drug Testing Policy

All job applicants at this company will undergo screening for the presence of illegal drugs as a condition of employment.

Applicants will be required to voluntarily submit to a urinalysis test at NNJS and by signing this consent agreement, will release NNJS from liability. Any applicant with positive test results will be denied employment for at least 6 months.

NNJS will not discriminate against applicants for employment because of past abuse of drugs or alcohol. It is the current abuse of drugs or alcohol, which prevents employees from properly performing their jobs that NNJS will not tolerate.

Applicants who test positive for illegal drugs; contaminate, alter, tamper with, or refuse to take the test; or otherwise interfere in the testing process will be dropped from further employment consideration for six months. Applicants who test positive for prescription drugs affecting coordination, judgment and alertness will be required to provide a doctor's release prior to beginning work.

Pre-Employment Agreement

PLEASE READ CAREFULLY!

I freely and voluntarily agree to submit to a urinalysis (drug screen) as part of my application for employment. I understand that either refusal to submit to the urinalysis screen or failure to produce a negative result may disqualify me from further consideration for employment.

I further understand that upon commencement of employment with the company, I may again be required to submit to a urinalysis screen. I understand that refusal to take a requested urinalysis screen or failure to produce a negative result may result in immediate suspension or discharge.

In the event that employment commences prior to the employer receiving the drug test results, I understand that I will be immediately discharged if the result comes back positive.

I have read in full and understand the above statements and conditions of employment.

Applicants Signature

Date

Driver License Information:

State: _____ Driver's License #: _____

BACKGROUND CHECK CONSENT FORM

Thank-you for your recent application for employment with NNJS, Inc. Please be advised that, in order to safeguard the juveniles in our care, NNJS, Inc. will conduct background checks for applicants who may be considered for employment. Background reports may include information bearing on, but are not limited to: past/current employment, criminal record, and educational record. NNJS may rely on these background reports as one of the factors it considers when evaluating your application for employment and, if hired, in connection with future decisions regarding your employment.

I, _____, authorize NNJS, Inc. to obtain a background report on me for purposes of considering my application for employment or for future employment considerations. I will hold NNJS, its employees and agents, any educational institution, current and former employee, and any other person giving such information free from liability for the exchange of this information.

I have read this disclosure and by signing below, hereby authorize NNJS to conduct a background check as described above.

Signature: _____ Date: _____

Printed Name (first, middle, last): _____

Other names used: _____

Social Security Number: _____