



Allies in Caring Career Application Form

Personal Information

First Name

Last Name

Street Address

Street Address 2

City

State

ZIP Code

Phone #1

Phone #2

E-mail Address

Are You Over the Age of 18?

- Yes
 No

Availability

- Full Time
 Part Time
 Per Diem
 Temporary

Available Start Date

Desired Salary

Positions Applied For:

- Behavioral Assistant
 Licensed Therapist
 Master's Level Therapist
 Other

How did you hear about us?

Languages

State which languages you know and your proficiency (ability to read, write, and speak) for each. Conversational means the ability to speak the language (no ability to read/write).

Language 1

Language 2

Language 3

Are you fluent in ASL?

- Yes
 No

Proficiency

- Conversational
 Entry Level
 Intermediate
 Advanced
 Native Tongue

Proficiency

- Conversational
 Entry Level
 Intermediate
 Advanced
 Native Tongue

Proficiency

- Conversational
 Entry Level
 Intermediate
 Advanced
 Native Tongue

References

Please list 3 business references that you have known for at least 1 year who are not related to you. If you are a recent graduate, personal references are accepted.

Reference One

Full Name	Relationship	Company	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	State	Phone #	E-mail
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reference Two

Full Name	Relationship	Company	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	State	Phone #	E-mail
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reference Three

Full Name	Relationship	Company	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	State	Phone #	E-mail
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Education & Skills

High School

School Name

City

State

Did you graduate?

- Yes
 No

Graduation Year

College (highest degree)

School Name

City

State

Did you graduate?

- Yes
 No

Graduation Year

Degree

Training

What is your proficiency with laptops & computers?

- Never used one
 Entry Level - Requires thorough instructions to learn new computer-related tasks
 Intermediate - Learns how to do computer-related tasks with little help
 Advanced - Learns how to do computer-related tasks with little to no help

Certifications

- Crisis Trauma
 CPR
 License (for therapy)
 NJ Behavioral Assistant Certificator

Additional Training

Employment History

Company One

Company Name

Job Title

Supervisor Name

Supervisor's Title

Phone #

E-mail

City

State

Salary (\$)

Start Date

End Date

Currently Employed

- Yes
 No

Reason for leaving

Responsibilities

Company Two

Company Name

Job Title

Supervisor Name

Supervisor's Title

Phone #

E-mail

City

State

Salary (\$)

Start Date

End Date

Currently Employed

- Yes
 No

Employment History (cont'd)

Reason for leaving

Responsibilities

Company Three

Company Name

Job Title

Supervisor Name

Supervisor's Title

Phone #

E-mail

City

State

Salary (\$)

Start Date

End Date

Currently Employed

- Yes
 No

Certification - Please read before submitting

I certify that all statements in this application are true and correct to the best of my knowledge. I understand that any misstatement or omission of facts in this application may subject me to discharge in the event that I am employed at time of discovery. By signing below, I hereby authorize Allies in Caring to conduct an investigation concerning all statements contained in my application and to contact my provided references. I agree to furnish any additional information and/or submit to applicable job-related oral or written examinations, testing, pre-employment drug testing or screening as required to complete my employment file.

Signature

Date

Please include your résumé and cover letter with this application.

If you are submitting this form via e-mail, please only send documents of the following types: .doc, .docx,. pdf. Files must be attached - links will not be accepted.

**Please e-mail this application and your attachments to:
careers@alliesincaring.org**

If you are submitting a paper version please send or drop off at the following address:

**Allies in Caring
Attn: Human Resources
425 N. Third St.
Hammonton, NJ 08037**