



2399 Route 34, Wall Township, NJ 08736 (732) 528-5533

Application for Employment

At Atlantic Medicine and Wellness, LLC ("AMW"), our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date: _____

Last _____ First _____ M _____

Street Address _____

City _____ State _____ Zip _____

Telephone (H) _____ (C) _____

Email _____ SS # _____

Driver's license number/state/expiration _____

Are you a U.S. citizen or otherwise authorized to work in the U.S.? Yes No

Are you available for: Full-time work? Yes No Part-time work? Yes No

Which hours are you available? _____

Please check which shifts you are willing to work:

Weekdays: 8AM to 5PM = Yes No Noon to 8PM = Yes No

Weekends: Saturday = Yes No Sunday = Yes No

Are you at least 18 years old? Yes No If no, do you have working papers? Yes No

Have you ever been convicted of a felony, misdemeanor or are you currently under arrest for a crime that has not yet been adjudicated? Yes No

If yes, please describe conditions _____

Applicant Name _____

Employment Desired

Position applied for: _____

How did you hear of this opening? _____

Are you presently employed? Yes No

May we contact your present employer? Yes No

Date you can start: _____

Desired position: _____

Desired starting salary: _____

Please list applicable skills: _____

Education

	School	Yr	Major	Degree
High School:	_____	_____	_____	_____
College:	_____	_____	_____	_____
College:	_____	_____	_____	_____
Post College:	_____	_____	_____	_____
Other Training:	_____	_____	_____	_____

In addition to your work history, are there any other skills, qualifications or experience that we should consider?

Please list any scholastic honors received and offices held in school.

Are you planning to continue your studies? Yes No

If yes, where and what courses of study?

List any languages other than English that you can speak, read or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

Applicant Name _____

Additional Information

List any professional, trade, business or civic activities and offices held. You may exclude membership that would reveal gender, race, religion, national origin, ancestry, age, disability or any other protected status.

Identify formal job training that relates to this position:

Identify what skills or certification you possess related to this position:

If you are hired, what value would you add to our company?:

Describe what you believe are the most unique features of your work history:

Emergency Contact

In case of emergency, please notify:

Name _____ Phone _____

Address _____ Relationship _____

Applicant Name _____

Employment History

(Start with most recent employer)

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Applicant Name _____

References

May we contact your references? Yes No

List three PROFESSIONAL references, who have known you for more than one year.

Name _____ Phone _____ Years Known _____

Address _____ Relationship _____

Name _____ Phone _____ Years Known _____

Address _____ Relationship _____

Name _____ Phone _____ Years Known _____

Address _____ Relationship _____

Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that Atlantic Medicine and Wellness, LLC and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with AMW, I will comply with all rules and regulations as set by AMW in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from AMW a list of the approved documents that are required.

I understand that employment at Atlantic Medicine and Wellness, LLC is "at will," which means that either I or AMW can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature _____ **Date** _____