



APPLICATION FOR EMPLOYMENT

Position desired: _____

P.O. Box 5026, North Branch, New Jersey 08876, 908-722-8222

Midland is an Equal Employment Opportunity employer and does not discriminate on the basis of gender, race, creed, color, religion, national origin, ancestry, age, marital or political status, affectional or sexual orientation, domestic partnership status, atypical heredity, cellular or blood trait, genetic information, disability (including AIDS or HIV infection), pregnancy, liability for service in the United States armed forces, gender identity or expression and/or any other classification protected by law.

GENERAL INFORMATION

Name:				Date:		
Street Address:				Phone:		
City:	State:	Zip Code:			Social Security Number:	
Referred by:	Date available to start:		Email Address:			
Salary Desired:				Have you been employed with Midland before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you available to work:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Shift	<input type="checkbox"/> Substitute		

EDUCATIONAL HISTORY

High School:	Location:	Diploma or Equivalent: <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:										
College:	Location:	Degree/Credits:	Course of Study:										
Graduate School:	Location:	Degree/Credits:	Course of Study:										
What is your highest level of education?													
HS grad:	<input type="checkbox"/>	Associates Degree:	<input type="checkbox"/>	BA or BS:	<input type="checkbox"/>	MA:	<input type="checkbox"/>	EdS:	<input type="checkbox"/>	PhD:	<input type="checkbox"/>	Other:	<input type="checkbox"/>

MILITARY EXPERIENCE

Have you ever served in the United States Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rank:	_____	

Candidate Name: _____

REFERENCES

List 3 persons who are in a position to give information on your present and past professional performance:

Name and Occupation	Company	Phone Number
1.		
2.		
3.		

LICENSE / CERTIFICATION

Type of License / Certificate	State (where held)	Expiration Date
1.		
2.		
3.		

WORK EXPERIENCE

Dates Employed	Name of Employer	Job Title	Reason for Leaving	Name of Supervisor
				Phone:
				Phone:
				Phone:

Are you currently employed? ___ Yes ___ No

May we contact your current employer? ___ Yes ___ No

Candidate Name: _____

SCHOOL WORK EXPERIENCE

Please list all prior experience in a school setting (over the past 20 years):

School Name:

Location:

School Name:

Location:

School Name

Location:

SUPPLEMENTAL INFORMATION

Can you with or without accommodation perform the essential functions of the job(s) for which you applied?

_____ Yes _____ No

If no, please identify those essential functions which you are not able to perform:

Are you related to anyone at Midland (student, individual or employee)?

Are you over the age of 18? ___ Yes ___ No

Do you have a valid Auto Driver License? ___ Yes ___ No

Have you ever been accused/convicted of being civilly or criminally liable for abuse of a developmentally disabled person receiving services from the Department of Developmental Disabilities? ___ Yes ___ No

APPLICANT STATEMENT

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

The application will be given every consideration, but its receipt does not imply that the applicant will be interviewed or employed.

I authorize the investigation of all statements and information contained in this application including but not limited to inquiries related to my education, relevant licenses, prior employment, credit and other information required by the company. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

_____ **Yes, I agree to these terms.**

Applicant's Signature:

Date: