



## Application for Employment

*Incomplete information could disqualify you from further consideration. Please complete all fields.*

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Last Name
First Name
Middle Initial

Address: \_\_\_\_\_  
Street
City
State
Zip Code

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are You Employed Now?  Yes  No      Can We Contact Your Current Employer?  Yes  No  
 Have You Ever Applied to Avidd Community Services before (formerly Special Homes of NJ)?  Yes  No  
 Have You Ever Worked for Avidd Community Services before (formerly Special Homes of NJ)?  Yes  No  
 Are You Eligible to Work in the United States?  Yes  No

**EMPLOYMENT DESIRED**

Position Applied For: \_\_\_\_\_  Full Time    Part Time    Per Diem

Desired Shifts (check all that apply):  7am-3pm    3pm-11pm    11pm-7am/9am    Weekends

Date You Can Start: \_\_\_\_\_ Hourly Rate/Salary Desired: \_\_\_\_\_

Are you able to perform the essential functions of the job you are applying, with or without a reasonable accommodation?  
 Yes  No

**EDUCATION**

Education	Name and location of school	Did You Graduate?	Subjects studied/Major
High School			
College or University			
Trade, Business or Correspondence School			

**EMPLOYMENT HISTORY**

**List your last four employers starting with your most recent.**

Employer	Start/End Dates	Position	Reason for Leaving	May we contact this employer?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain. \_\_\_\_\_

**REFERENCES**

**Give the names of three persons not related to you, whom you have known at least three (3) years.**

Name	Phone Number and/or Email Address	Personal or Professional Reference?	Years Known
1.			
2.			
3.			

**Please read carefully and answer the questions below before signing.**

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Avidd Community Services of NJ to hire me. If I am hired, I understand that either Avidd or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Avidd has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Avidd Community Services true and complete information on this application. No requested information has been concealed. I authorize Avidd to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

I  have  have not been convicted of any crime, misdemeanor or civil offense or imprisoned under sentence for any crime, misdemeanor, or civil offense against an individual.

I  have  have not been adjudged civilly or criminally liable for abuse of a developmentally disabled person receiving services from the NJ Department of Human Services.

I agree to make an appointment prior to my employment with the agency designated by the Department of Human Services to be fingerprinted for state and federal background checks (see attached Appendix A). This check will automatically be performed on every Avidd employee every two years.  Yes  No

I agree to complete the online Child Abuse Record Information (CARI) check prior to my employment to ensure that I am not included on the Department of Children and Families child abuse registry.  Yes  No

I have a valid NJ driver's license and a clean driving record. I agree to Avidd performing a Motor Vehicle check of my driving record prior to employment and periodically thereafter.  Yes  No

I understand that I must complete and clear employment requirements as detailed by NJ's Division of Developmental Disabilities and Department of Human Services to be employed with Avidd Community Services of NJ.

Signature \_\_\_\_\_ Date \_\_\_\_\_

How did you hear about us?:  Referred by Avidd Employee \_\_\_\_\_  
 Indeed  
 Other \_\_\_\_\_

*Avidd Community Services of NJ is an equal opportunity employer. Avidd Community Services does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.*



## Writing Sample

**Direct Support Professional Applicants Only:** Document what you did on your shift today.

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**Manager and Nursing Applicants Only:** You took a client to the doctor today. Provide an example of what you would document in our Electronic Health Record (Therap).

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The Central Registry of Offenders Against Individuals with Developmental Disabilities
Employee/Volunteer Consent for Employers to Check Registry

N.J.A.C. 10:44D

State of New Jersey Department of Human Services Office of Program Integrity and Accountability
PO Box 700 Trenton, NJ 08625

Please Complete the Following Information:

Employee/Volunteer Last Name: First Name:

Other Last/First Names Used: (please list any/all names used, including maiden name, nicknames or other)

Date of Birth: Last Four (4) Digits of Social Security Number:

Agency/Facility Name: Avidd Community Services of NJ

In accordance with N.J.S.A. 30:6D-73 et seq., I understand that providing my employer/prospective employer with the above information is for the purpose of my employer/prospective employer conducting a check of my name/identity against the NJ Department of Human Services' (DHS) Central Registry of Offenders Against Individuals with Developmental Disabilities (Central Registry) for the purpose of working/volunteering at an agency/facility/program, licensed, regulated or contracted with the Department of Human Services.

I understand that while I am awaiting the results of the Central Registry check, I may not work unsupervised with individuals with developmental disabilities and that I must be accompanied by a senior staff member or supervisor in any activities involving individuals with developmental disabilities.

By signing this agreement, I attest that the information I have provided above is factual and correct, and I can be terminated from employment/volunteering for failure to provide accurate information.

I further attest that I am currently not on the NJ DHS Central Registry of Offenders Against Individuals with Developmental Disabilities. I understand that if my name appears on the Central Registry, I may not be employed or allowed to volunteer in a program licensed, contracted or funded, directly or indirectly, by the State of New Jersey to work with individuals with developmental disabilities.

I understand that also under N.J.S.A. 30:6D-73 et seq., in my capacity as an employee, caregiver or volunteer, in a program or facility licensed, regulated or contracted with DHS, or receiving state funding directly or indirectly, I am required to immediately report any/all allegations of abuse, neglect and/or exploitation against an individual with a developmental disability to the NJ Department of Human Services and that failure to do so, while having reasonable cause to believe such an act was committed, constitutes a disorderly persons offense. I understand that when making such a report, in good faith, I am immune from any civil or criminal liability that might otherwise attach from the act of making the report. I understand that in situations of discrimination or discharge from employment as a result of making a report in good faith, I may seek court relief for such actions.

I further understand that I am required to cooperate with investigations conducted by DHS or its designee(s). I have read and understand the above and hereby give my consent for my name to be checked against the Department of Human Services, Central Registry of Offenders Against Individuals with Developmental Disabilities.

Employee/Prospective Employee/Volunteer Name (please print) Signature Date

Employer/Provider Agency Use Only

The above named individual has been checked against the Central Registry of Offenders Against Individuals with Developmental Disabilities in accordance with N.J.A.C. 10:44D

Registry Check Performed By: Date: Listed on Registry Yes No

This document should be maintained in the employee's personnel file. Do not return to DHS.



## APPENDIX CERTIFICATION AND PERMISSION FOR BACKGROUND CHECK AND RELEASE OF INFORMATION

I hereby authorize the Department of Human Services to conduct a criminal history background check and I agree to be fingerprinted in order to complete the State and Federal background check process. I further authorize the release of all information regarding the results of my background check to the Department of Human Services.

Check one of the options listed below.

**Option 1** \_\_\_\_\_ I hereby certify under penalties of perjury, that I have not been convicted of any of the offenses listed below and no such record exists in the State Bureau of Identification in the Division of State Police or in the Federal Bureau of Investigation, Identification Division.

**Option 2** \_\_\_\_\_ I hereby affirm that I have been convicted of the following offense listed below \_\_\_\_\_ on \_\_\_\_\_ (date)

**If I have checked Option 2 or the criminal history background check reveals any conviction(s) for the offenses listed below, I understand that I may be subject to termination from employment, or if I am associated with a community care residence, the residence will not be qualified to house individuals.**

**FOR PROVISIONAL EMPLOYEES ONLY:** As a provisional employee, I further understand that I may be employed by the agency for a period not to exceed six months during which time a background check will be completed. I understand that I will work under the supervision of a superior where possible.

Offenses covered under P.L. 1999, c.358:

In New Jersey, any crime or disorderly person offense:

—involving danger to the person as set forth in N.J.S.A. 2C:11-1 et seq. through 2C:15-1 et seq. including the following:

- i. Murder
- ii. Manslaughter
- iii. Death by auto
- iv. Simple assault
- v. Aggravated assault
- vi. Recklessly endangering another person
- vii. Terroristic threats
- viii. Kidnapping
- ix. Interference with custody of children
- x. Sexual assault

- xi. xi. Criminal sexual contact
- xii. xii. Lewdness
- xiii. xiii. Robbery

—against the children or incompetents as set forth in N.J.S.A. 2C:24- 1 et seq. including the following:

- i. Endangering the welfare of a child
- ii. Endangering the welfare of an incompetent person

—a crime or offense involving the manufacture, transportation, sale, possession or habitual use of a controlled dangerous substance as defined in N.J.S.A. 2C:24-1 et seq.

—in any other state or jurisdiction, conduct which, if committed in New Jersey, would constitute any of the crimes or disorderly persons offenses described above.

**FOR COMMUNITY AGENCY HEAD:** I understand the results of this background check will be reported to the President of the Board of my agency.

**PLEASE LIST THE NAME AND HOME OR BUSINESS ADDRESS OF THE BOARD PRESIDENT.**

William Pote

Avidd Community Services of NJ

92 Broadway

Denville, NJ 07834

_____	_____	_____
Name (please print)	Signature	Date
_____	_____	_____
Witnessed by (please print)	Witness Signature	Date