



158 Newark Ave.
Jersey City, NJ 07302
T: (201) 324-1700 / F: (201) 324-1788
info@sensorykidsandsocialminds.com
www.sensorykidsandsocialminds.com

EMPLOYMENT APPLICATION FORM

(PLEASE PRINT ALL INFORMATION REQUESTED)

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

Date: ___/___/___

NAME (Last, First Middle Maiden):

PRESENT ADDRESS (Number, Street, City, State, Zip):

How long have you lived at this address?: _____ Social Security No.: ____-____-____

Primary Contact #: _____ Secondary Contact #: _____

If under 18, please list age: _____

Position applied for: _____

Salary desired (Be specific): _____

DAYS/HOURS AVAILABLE TO WORK:

No Preference (Open Availability) _____ Monday _____ Tuesday _____

Wednesday _____ Thursday _____ Friday _____

Saturday _____ Sunday _____

How many hours can you work weekly?: _____

Can you work nights?: _____



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Employment desired: FULL-TIME ONLY _____ PART-TIME ONLY _____ FULL- OR PART-TIME _____

Initial Date Available to Work: _____

MOST RECENT SCHOOL ATTENDED

Name of School: _____

School Mailing Address: _____

Number of Years Completed: _____

Major and Degree: _____

Please check those which were completed: High School _____ College _____

Bus. Or Trade School _____ Professional School _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME?: No _____ Yes _____

If yes, please explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

DO YOU HAVE A DRIVERS LICENSE? No _____ Yes _____

Driver's license number: _____ State of Issue: _____

Expiration Date: _____

Have you had any accidents the past three years? If yes, how many?: _____

Have you had any moving violations the past three years? If yes, how many?: _____

PLEASE LIST TWO REFERENCES OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS.



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Name: _____

Position: _____ Company: _____

Address: _____

Primary Contact #: _____

Name: _____

Position: _____ Company: _____

Address: _____

Primary Contact #: _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Military

Have you ever been in the armed forces?: No _____ Yes _____

Are you now a member of the National Guard?: No _____ Yes _____

Specialty: _____ Date entered: _____

Discharge Date: _____

Work Experience

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. **Attach resume if necessary.**

Name of Employer: _____

Address: _____



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Position Held: _____ Name of Supervisor: _____

Employment Dates (Month, Year): Start Date _____ End Date _____

Check if Currently Employed: _____

Pay or Salary: Start \$ _____ Ending \$ _____

Phone Number: _____

Reason for Leaving (Please be specific): _____

Please list the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of Employer: _____

Address: _____

Position Held: _____ Name of Supervisor: _____

Employment Dates (Month, Year): Start Date _____ End Date _____

Check if Currently Employed: _____



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Pay or Salary: Start \$ _____ Ending \$ _____

Phone Number: _____

Reason for Leaving (Please be specific): _____

Please list the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of Employer: _____

Address: _____

Position Held: _____ Name of Supervisor: _____

Employment Dates (Month, Year): Start Date _____ End Date _____

Check if Currently Employed: _____

Pay or Salary: Starting \$ _____ Ending \$ _____

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Please list the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer?: No _____ Yes _____

Did you complete this application yourself? No _____ Yes _____

If not, who did? _____

I verify that all of the above information is true, and answered with the best of my capacity.

Applicant Signature: _____

Date: _____