



**Atlantic
Private Care**
Affiliated with
Atlantic Health System

200 Mt. Airy Road, Basking Ridge, NJ 07920 ☎ 973-540-9000 ☎ FAX 973-766-2637

89 S. Sparta Ave, Suite 240, Sparta, NJ 07871 ☎ 973-540-9000 ☎ FAX 973-383-3292

A Division of the Atlantic Health System

APPLICATION FOR EMPLOYMENT
(PLEASE PRINT PLAINLY)

Atlantic Private Care is an equal opportunity employer and will not discriminate on the basis of race, creed, religion, color, national origin, ancestry, age, sex, affectional or sexual orientation, marital status, atypical heredity, cellular or blood trait, disability (including AIDS and HIV infection) and liability for service in the United States armed forces or any other legally protected status.

Today's Date: _____ Phone Interview Date: _____ Available for Work: _____

PERSONAL:

Name: _____
Last First Middle Initial

Present Address: _____
No. Street Apt. Number
City State Zip

Home Phone Number: (____) _____ Cell Phone: _____

E-Mail Address: _____ Soc. Sec. Number: _____

Emergency Contact: (____) _____ Relationship: _____

If you have resided in any states other than New Jersey in the last 5 years, please list the addresses and dates below:

Address #1: _____ Dates: _____

Address #2: _____ Dates: _____

Are you at least 18 years of age? Yes No if under 18, can you furnish a work permit? Yes No

Are you either a U.S. citizen or a legal alien who has the right to remain permanently and work in the U.S.?

Yes No (Proof of citizenship or immigration status will be required upon employment.)

Job(s) applied for: _____

How did you learn about us? Friend APC Employee Relative Former or current client
 Newspaper Indeed School Other _____

What hours do you desire? Mornings Afternoons Evenings Nights Live-in

Days Available? Weekdays Weekends Holidays Specify: _____

Have you ever worked at APC before? Yes No If yes, give dates: _____

Please check the counties where you are willing to work:

Morris Union Essex Somerset Warren Passaic Sussex

What primary means of transportation do you have to get to client assignments? (Please check one)

I drive a car. I rely on others to drive me. I use public transportation N/A

EMPLOYMENT HISTORY (Please start with last employer or present place of employment)

FROM	TO	EMPLOYER	TELEPHONE ()
May we contact at present time? ___ Yes ___ No		ADDRESS	
JOB TITLE		BRIEF DESCRIPTION OF WORK PERFORMED AND JOB RESPONSIBILITIES	
IMMEDIATE SUPERVISOR'S NAME			
SUPERVISOR'S TITLE		REASON FOR LEAVING	

FROM	TO	EMPLOYER	TELEPHONE ()
May we contact at present time? ___ Yes ___ No		ADDRESS	
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(continued on next page)

COMMENTS: including explanation of any gaps in employment.

EDUCATION and SKILLS

Type of School	Name and Location of School	Course of Study	Number of Yrs Completed	Did you graduate?
High School or Equivalency				
Business or Trade School (e.g. CHHA trng)				
Nursing Program				
Undergraduate College				
Graduate School				

Skills - Please note any special skills which may apply to the position(s) you have requested:

Languages spoken other than English: _____ Word processing
 Other computer skills: _____ Other skills: _____

PROFESSIONAL LICENSES AND CERTIFICATIONS -- If not applicable, check here: ___N/A

I am currently: Certified Registered Licensed
 I am eligible for: Certification Registration Licensure

TYPE	STATE ISSUING AUTHORITY	EFFECTIVE DATE/ EXPIRATION DATE	NUMBER

MALPRACTICE INSURANCE CARRIER NAME, POLICY # AND EXPIRATION DATE:

Please state all other names or nicknames necessary for APC to verify your employment and educational record:

Name: _____ Place Worked: _____
 Name: _____ Place Worked: _____

REFERENCES: Please give the names of three persons not related to you, whom you have known at least one year

NAME	ADDRESS	TEL. NUMBER	YEARS KNOWN	TYPE OF ACQUAINTANCE

PLEASE READ CAREFULLY
APPLICANT'S STATEMENT

I hereby authorize APC to investigate my record with my former employers and release from all liability and responsibility all persons and entities, requesting or supplying information about any information provided on this application, including my present employer.

Per N.J.A.C. 13:45B-15.2, I hereby authorize APC to request and receive from all prior employers within one year of the date of this application, any and all pertinent information concerning my prior employment and its termination, including the reasons for such termination.

I further understand that by signing this application, I consent to have a criminal background check done, at no personal expense to me.

I freely and voluntarily agree to provide a urine specimen to have such specimen tested for evidence of drug use and to the release of test to APC, if required, any time after I am offered a position at APC. This will be conducted at no personal expense to me.

I understand that any employment by APC will be on a 90 day introductory basis. If employed by APC, I will be an employee at-will, which means that I can voluntarily end my employment or be terminated at any time for any reason or no reason. I further understand that APC is a temporary home health care service and does not guarantee any number of hours or specific work schedule to its per diem employees. I agree to abide by APC's rules and regulations. No statement whether written or oral, by any APC representative other than a written statement signed by the President may vary the foregoing.

I understand that any misstatement, omission or misleading information given in my application or interview or in connection with other Atlantic Private Care records may result in the rejection of my application, the withdrawal of any offer of employment or my dismissal after employment.

Signature of Applicant

Date

Thank you for completing this application form, and for your interest in employment with us. We would like to assure you that your opportunity for employment with this agency will be based only on your merit and on no other consideration.

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