

APPLICATION FOR EMPLOYMENT



Puerto Rican Action Committee

Of Southern New Jersey

Cape May Division
604 Franklin Street
Woodbine, NJ 08270
Office: (609) 861-5800
Fax: (609) 861-1239

Salem Division & Administration Office
114 East Main Street
Penns Grove, NJ 08069
Office: (856) 299-5800
Fax: (856) 299-3276

INSTRUCTIONS: PLEASE COMPLETE IN FULL. ENSURE THAT YOU HAVE READ AND SIGNED THE DECLARATION FOR EMPLOYMENT.

**Position
Applying For:**

Job Title: _____

**Note: Complete one
application form per Job Title.**

PERSONAL DATA

Name: _____
Last First Middle

Mailing Address: _____
No. Street City Postal Code

Permanent Address: _____
(If Different from Above)

Telephone Home: _____ Business: _____ Fax: _____

Are you legally entitled to work in the United States? Yes No

As an adult, have you ever been convicted of an offence other than a traffic violation? Yes No

Are you able to work shifts (non-standard hours) if required? Yes No

Do you have any relatives working at Puerto Rican Action Committee? Yes No

If yes, name(s): _____

Have you ever been employed by Puerto Rican Action Committee? Yes No

If yes indicate:

Dates of Employment: _____

Position/Department: _____

EDUCATION AND TRAINING

	Name & location of institution	Number of years completed	Field of Study	Grade/Diploma/Degree and year completed
High School/GED				
Commercial, Trade or Technical Training				
Undergraduate College/University				
Graduate/Professional				
Other Continuing Education				
Professional Qualifications/ Memberships/Licenses if applicable:				

SPECIALIZED SKILLS

A. SECRETARIAL/CLERICAL SKILLS:

- Word Processing Software: _____
 Spreadsheet Software: _____
 Database Software: _____
 Keyboarding: _____ # wpm
 Other: _____ Specify
 Data Entry
 Graphics
 Special Terminology: _____ Specify

B. COMPUTER SKILLS: IBM Mac VAX/VMS

Please specify computer systems you have worked with, courses you have taken and your working knowledge of computer software:

C. TECHNICAL SKILLS:

D. TRADES/MAINTENANCE SKILLS:

E. LANGUAGE SKILLS: Spoken: _____ Written: _____

F. If you are applying for a position requiring a driver's license, please complete the following:

Do you have a valid New Jersey driver's license? Yes No

State: _____ Driver's License #: _____

PREVIOUS EMPLOYMENT

(begin with most recent)

Name of Employer:	Address:
Last Position Held:	Phone:
Name of Supervisor:	Reason for Leaving:
Period Employed:	Final Salary:

Duties:

Name of Employer:	Address:
Last Position Held:	Phone:
Name of Supervisor:	Reason for Leaving:
Period Employed:	Final Salary:

Duties:

Name of Employer:	Address:
Last Position Held:	Phone:
Name of Supervisor:	Reason for Leaving:
Period Employed:	Final Salary:

Duties:

REFERENCES

List three persons, other than relatives or personal friends, who can judge your work ability.

	NAME	COMPANY	POSITION	TELEPHONE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

May we contact your present employer for a reference? Yes No Previous Employers? Yes No

If no, please state reasons: _____

Please use this space to enlarge upon other relevant information, skills, education, training, previous employment, special achievements, job interests, volunteer work, hobbies, or any additional information that you feel should be added to this application.

If you wish to attach your resume, please do so. RESUME ATTACHED

Declaration:

It is understood and agreed that the Puerto Rican Action Committee of Southern New Jersey (*PRAC*) may at anytime seek verification of the above and further information in considering my suitability for any position, or benefits, at *PRAC*. I hereby request and authorize anyone approached by Puerto Rican Action Committee of Southern New Jersey, its employees and agents, to provide them with any and all information requested to the best of their ability. I hereby release *PRAC*, its employees and agents, and anyone providing information pursuant to a request from *PRAC* to provide information about me, from any and all claims whatsoever which may arise as a result of the release of such information. I understand and agree that any omission, false or misleading statement may disqualify me from employment, or result in dismissal. A photographic copy of this authorization shall be as valid as the original.

Date

Signature of Applicant

Thank you for taking the time to complete this application and for your interest in the Puerto Rican Action Committee of Southern New Jersey.

The Puerto Rican Action Committee of Southern New Jersey is committed to the principles of Equal Employment Opportunity and welcomes applications from all qualified candidates. The Puerto Rican Action Committee of Southern New Jersey does not discriminate based on race, color, national origin, religion, age, gender, sexual orientation, or disability, and provides reasonable accommodations upon request.

