

Excel Day Program
35B Wall St Oxford NJ 07863
Bridge-It Day Services
66 Moore St Hackensack NJ 07601
Phone- 973-436-4704
Fax- 973-436-4714
Www.fourcornerscs.com

EMPLOYMENT / JOB APPLICATION

PERSONAL INFORMATION		
FULL NAME: First Middle	DATE:	
ADDRESS: Street Address	Apt/Suite	
Street Address	Apt/Suite	
City State	e Zip Code	
E-MAIL:	PHONE:	
SOCIAL SECURITY NUMBER (SSN):	DOB:	
DATE AVAILABLE:	DESIRED PAY: \$ □ HOUR □ SALARY	
POSITION APPLIED FOR:		
EMPLOYMENT DESIRED: FULL-TIME	PART-TIME ☐ SEASONAL	
EMPLOY	MENT ELIGIBILITY	
ARE YOU LEGALLY ELIGIBLE TO WOR HAVE YOU EVER WORKED FOR THIS E	MPLOYER? YES* NO	
*IF YES, WRITE THE START AND END D		
HAVE YOU EVER BEEN CONVICTED OF		
*IF YES, PLEASE EXPLAIN:		
Е	DUCATION	
HIGH SCHOOL:	CITY / STATE:	
FROM: TO: _		
GRADUATE? YES NO DIPLOMA:		
	CITY / STATE:	
FROM: TO: _		
GRADUATE? YES NO DEGREE:		



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OTHER:	CITY / STATE:		
FROM:	TO:		
DEGREE/CERTIFICATI	ION:		
OTHER:	CITY / STATE:		
FROM:	TO:		
DEGREE/CERTIFICATI	ION:		
	PREVIOUS EMPLOYMENT		
EMPLOYER 1:	la dividual		
Company /	Individual		
E-MAIL:	PHONE: _		
ADDRESS: Street Address		Apt/Suite	
City		Zip Code	_
STARTING PAY: \$	HOUR SALARY ENDING PAY: \$_		_ □ HOUR □ SALARY
JOB TITLE:	RESPONSIBILITIES:		
FROM:	TO:	 	
REASON FOR LEAVING	G:		
EMPLOYER 2:	Individual		
E-MAIL:	PHONE: _		
ADDRESS:Street Address		Apt/Suite	
City	State State	Zip Code	
	HOUR SALARY ENDING PAY: \$_		
JOB TITLE:	RESPONSIBILITIES:		
FROM:	TO:		
REASON FOR LEAVING	G:		



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EMPLOYER 3: Company / Individual E-MAIL: _____ PHONE: ____ ADDRESS: Street Address Apt/Suite City State Zip Code STARTING PAY: \$ ☐ HOUR ☐ SALARY ENDING PAY: \$ ☐ HOUR ☐ SALARY JOB TITLE: _____ RESPONSIBILITIES: _____ FROM: _____ TO: ____ REASON FOR LEAVING: REFERENCES (PROFESSIONAL ONLY) RELATIONSHIP: **FULL NAME:** Last COMPANY: TITLE: E-MAIL: _____ PHONE: _____ FULL NAME: RELATIONSHIP: _____ Last COMPANY: _____ TITLE: _____ E-MAIL: ______ PHONE: _____ _____RELATIONSHIP: _____ FULL NAME:

First COMPANY: _____ TITLE: _____ E-MAIL: PHONE:



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MILITARY SERVICE		
ARE YOU A VETERAN? ☐ YES ☐ NO		
BRANCH: RANK AT DISCHARGE:		
FROM: TO:		
TYPE OF DISCHARGE:		
IF NOT HONORABLE, PLEASE EXPLAIN:		
BACKGROUND CHECK CONSENT		
IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? ☐ YES ☐ NO		
DISCLAIMER		
Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered. Please complete each section EVEN IF you decide to attach a resume. I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this		
application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated. SIGNATURE DATE		
SIGNATURE DATE		
PRINT NAME		