

**\*OPTIONAL – FOR RESEARCH PURPOSES ONLY TO ENSURE EQUAL EMPLOYMENT OPPORTUNITY.**

Gender:  Male  Female

Race / Ethnicity:  White  American Indian or Alaska Native  Black or African American  
 Native Hawaiian or Other Pacific Islander  Hispanic or Latino  Asian  Other

**PLEASE READ PRIOR TO FILLING OUT APPLICATION!**

**Please Note:** If there is a position available that appears to fit your interests and qualifications, you will be contacted by Human Resources **within a week or so to arrange an interview.** If you do not hear from us with in that timeframe, please be advised that all applications are kept on file for a year.

**Welcome to Twenty-One Plus, Inc.**

**Please read the following INSTRUCTIONS and REQUIREMENTS carefully.**

The application must be completed in it's entirety to be considered for employment with Twenty-One Plus. Incomplete or improperly completed applications may not be considered. If you have any questions pertaining to this application, please ask the receptionist to contact the Human Resource Assistant for further clarification.

1. All sections of the application must be completed for further consideration. Complete the entire application, even if you are including a resume. **Do NOT write "see Attached Resume"** when completing the work history section. Incomplete or improperly completed applications will not be considered.
2. All information requested for the New Jersey Drivers License verification must be accurate. **The State of New Jersey REQUIRES a valid, NJ Drivers License for employment in this field.** (If your license is suspended for any reason, you will not be considered for this position until it is restored.) If your driver's license was issued out-of-state, please discuss this with the Human Resource Assistant.
3. **A high school diploma or GED is REQUIRED.** You will be required to provide proof of education prior to being scheduled for orientation. If you have any questions regarding this requirement, please discuss this with the Human Resource Assistant.
4. **Any offers of employment are subject to a criminal background check, a drivers license check, a NJ DHS Central Registry of Offenders check, a physical exam, negative drug test results, a negative Mantoux result, and employment/reference checks.**

**Thank you for your interest in Twenty-One Plus, Inc**

# APPLICATION FOR EMPLOYMENT

**21 Plus, Inc. is an equal opportunity employer whose policy is to select the most qualified candidates for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.**

(PLEASE PRINT)

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s) Home:			Cell:		

Position(s) Applied for	Date of Application
<b>PLEASE INDICATE:</b> How were you referred to us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend _____ <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____	

Are you at least 18 years old? Date of Birth _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed an application with us before? If Yes, give date _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed with us before? If Yes, give date _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any of your friends or relatives work here? If Yes, state name, relationship and site _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date available for work ____/____/____	What is your desired salary range? _____	
Are you available to work:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Day
	<input type="checkbox"/> Part Time	<input type="checkbox"/> Eve/2 <sup>nd</sup> Shift
	<input type="checkbox"/> Substitute	<input type="checkbox"/> Overnight
Have you been convicted of a crime other than a minor traffic violation? <i>Conviction will not necessarily disqualify an applicant from employment.</i> If yes, please explain _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been adjudged civilly or criminally liable for abuse of a developmentally disabled person? <i>Conviction will not necessarily disqualify an applicant from employment.</i> If yes, please explain _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

**The State of NJ requires employees of 21 Plus to have a valid NJ driver's license.**

Do you have a valid NJ Drivers License?

Yes

No

If no, have you applied for a NJ license?

Yes

No

When? \_\_\_\_\_

**WORK HISTORY**

List in order, current or most recent employer first.

Dates		Name and Address of Employer	Rate of Pay		Supervisor's Name and Title	Phone No.
From	To		Start	Finish		

Job Title:

Briefly describe your responsibilities:

Reason for Leaving:

Dates		Name and Address of Employer	Rate of Pay		Supervisor's Name and Title	Phone No.
From	To		Start	Finish		

Job Title:

Briefly describe your responsibilities:

Reason for Leaving:

Dates		Name and Address of Employer	Rate of Pay		Supervisor's Name and Title	Phone No.
From	To		Start	Finish		

Job Title:

Briefly describe your responsibilities:

Reason for Leaving:

Please list a minimum of 4 references 2 of which must be previous employers (no relatives):

Name	Company	Address	Phone No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION	NAME AND ADDRESS OF SCHOOL	NO. OF YEARS ATTENDED	COURSES, MAJOR OR DEGREE	GRADUATED (Y/N)
High School				
College				
Post Graduate				
Business or Trade				
Other				

Please list any additional trainings or certifications: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**APPLICANT'S STATEMENT**

I agree and understand that all the statements and information on my application are correct and no attempt has been made to conceal or withhold pertinent information. I agree that any omission, falsification, or misrepresentation is cause for immediate termination at any time during my employment.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In connection with this, I authorize all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, and former employers to release information they may have about me and release them from any liability and responsibility from doing so; further, I authorize the procurement of an investigative consumer report and understand that such report may contain information as to my background, mode of living, character and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports that may be requested. Further information may be made available upon written request from Twenty-one Plus, Inc.

With the exception of my current employer, I hereby authorize investigation of all statements at this time with no liability arising therefrom.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge and/or civil or criminal prosecution. I understand, also, that I am required to abide by all rules and regulations of the employer.

I am 18 years or older and have earned my High School diploma or its equivalent.

_____ Signature of Applicant	_____ Last 4 Digits of Social Security No.	_____ Date
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APPLICANT AUTHORIZATION AND RELEASE

In connection with my application for employment (including contracts for service) and as a condition of continuing employment, I understand that consumer reports or investigative consumer reports will be requested on me from 21 Plus, Inc., including: credit reports, social security number scans, address history, criminal records, employment history, education, civil court filings, driving records and workers comp records. Reports will include information such as: my work habits, salary history, performance, education, experience, reasons for termination of employment, and any history of criminal, dishonest or violent behavior. Further I understand that request for information will be made of various private and government agencies that maintain records concerning my past activities.

I hereby authorize 21 Plus, Inc. (hereinafter "Employer") or any of its authorized employees or agents to obtain the information referred to above in connection with processing my application. I authorize, without reservation, any individual, corporation or other private or public entity to furnish to Employer or any of its employees or agents the information referred to above. As allowed by law, I release Employer, its employees and agents, and all individuals, corporations, or other private or public entities providing information from any liability for damages that may result to me as a result of furnishing or attempting to furnish such information. I have received and reviewed a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act." This authorization and release shall remain in effect for the term of my employment and shall be valid in original, Fax, or copy form.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Please Print Clearly

Print Full Legal Name: \_\_\_\_\_ Sex: ( ) Male ( ) Female

Other names used: Name: \_\_\_\_\_ Date Used: \_\_\_\_\_ to \_\_\_\_\_

Name: \_\_\_\_\_ Date Used: \_\_\_\_\_ to \_\_\_\_\_

Birth Date: (mm-dd-yyyy): \_\_\_\_ - \_\_\_\_ - \_\_\_\_ U.S. Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Non-U.S. Ids (if any) & Issuing Country: \_\_\_\_\_

Current NJ Driver's License #: \_\_\_\_\_ Issuing State/Country: \_\_\_\_\_

Other Drivers License/ID#s & Issuing State/Country (last 7 years only): \_\_\_\_\_

List any moving violations you have had within the last 3 years \_\_\_\_\_

Home Addresses (for the last 7 years, list current home address first:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_ From - to Dates: \_\_\_\_\_ - \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_ From - to Dates: \_\_\_\_\_ - \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_ From - to Dates: \_\_\_\_\_ - \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_ From - to Dates: \_\_\_\_\_ - \_\_\_\_\_



“Meaningful lives for people with disabilities”
AUTHORIZATION FOR REFERENCE REQUEST

21 Plus Inc.
252 Washington Street
Toms River, NJ 08753

Ph: (732) 240-3118 ext. 17 or ext. 21
Fax: (732) 240-4909

Name (Please print clearly) Social Security # Other Names Used

I hereby authorize 21 Plus, Inc. to obtain information regarding my employment with you and unconditionally release you from all liability and waive any claim against you or Twenty-One Plus, Inc. as a result of any disclosure made in accordance with this authorization.

Applicant Signature Date

\*\*FOR OFFICE USE ONLY\*\*

TYPE OF REFERENCE: ( ) Professional ( ) Personal: See Below

TO: Name of Previous Employer/Individual Employer Phone #/Fax

THE APPLICANT BELOW HAS APPLIED FOR A POSITION WITH 21 PLUS, INC.
YOUR COMMENTS AND/OR VERIFICATION OF SERVICE WILL BE APPRECIATED AND KEPT CONFIDENTIAL

Name and location of your company:

Applicants' final job title at your company:

Dates applicant was employed by your company:

Reason for leaving:

Please rate below: Excellent Good Satisfactory N/I
Attendance/Punctuality: Initiative:
Responsibility: Independence:
Teamwork: Attitude:
Strong Points: Weak Points:
Reason for Separation: Would you rehire?:
Additional Comments:

Completed By: Title: Date:

PERSONAL REFERENCE

For how long and in what context have you known the applicant?

Do you question the applicant's reputation for honesty, trustworthiness, diligence, reliability or good character? YES NO
Comments:

Is there a reason why you would not sincerely recommend the applicant for employment? YES NO
Comments:

Completed By: Relationship to Applicant Date:



*"Meaningful lives for people with disabilities"*

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## A SUMMARY OF YOUR RIGHTS UNDER FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus that gather and sell information about your creditworthiness to creditors, employers, landlords, and other businesses. The FCRA gives you specific rights, which are summarized below. You may have additional rights under state law. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit), or write to: Consumer Response Center, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

**You must be told if information in your file has been used against you.** Anyone who uses information from a consumer reporting agency to deny your application for credit insurance, or employment – or take another adverse action against you – must tell you and give you the name, address, and phone number of the agency that provided the information.

**You can find out what is in your file.** At any time, you may request and obtain your report from a consumer reporting agency. You will be asked to provide proper identification, which may include your Social Security number. In many cases the report will be free. You are entitled to free reports if a person has taken adverse action against you because of information in a report; if you are the victim of identity theft; if you are the victim of fraud; if you are on public assistance; or if you are unemployed but expect to apply for employment within 60 days. In addition, you are entitled to one free report every twelve months from each of the nationwide credit bureaus and from some specialized consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for details about how to obtain your free report.

**You have a right to know your credit score.** Credit scores are numerical summaries of a consumer's creditworthiness based on information from consumer reports. For a fee, you may get your credit score. For more information, click on [www.ftc.gov/credit](http://www.ftc.gov/credit). In some mortgage transactions, you will get credit score information without charge.

**You can dispute inaccurate information with the consumer reporting agency.** If you tell a consumer reporting agency that your file has inaccurate information, the agency must take certain steps to investigate unless your dispute is frivolous. For an explanation of dispute procedures, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

**Inaccurate information must be corrected or deleted.** A consumer reporting agency or furnisher must remove or correct information verified as inaccurate, usually within 30 days after you dispute it. However, a consumer reporting agency may continue to report negative data that it verifies as being accurate.

**Outdated negative information may not be reported.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

**Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need as determined by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

**Your consent is required for reports that are provided to employers.** A consumer reporting agency may not give out information about you to your employer, or potential employer, without your written consent. Blanket consent may be given at the time of employment or later.

**You may choose to remove your name from consumer reporting agency lists for unsolicited credit and insurance offers.** These offers must include a toll-free phone number you can call if you choose to take your name and address off lists in the future. You may opt-out at the major credit bureaus by calling 1-888-5-OPTOUT.

**You may seek damages from violators.** If a consumer reporting agency, a user of consumer reports, or, in some cases, a furnisher of information to a consumer reporting agency violates the FCRA, you may sue them in state or federal court.

**Identity theft victims and active duty military personnel have additional rights.** Victims of identity theft have new rights under the FCRA. Active-duty military personnel who are away from their regular duty station may file "active duty" alerts to help prevent identity theft. For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).



"Meaningful lives for people with disabilities"

The FCRA gives several federal agencies authority to enforce the FCRA:

<b>TO COMPLAIN AND FOR INFORMATION:</b>	<b>PLEASE CONTACT:</b>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4367 (Toll-Free)
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051