



**(Pre-Employment Questionnaire) (An Equal Opportunity Employer)
Confidential Application for Employment**

**The Rose House
51 Gibraltar Drive, Suite 2C Morris Plains, NJ 07950
Post Office Box 544
Cedar Knolls, NJ 07927
(973) 984-0006 / (973) 998-0002 (fax)**

Name (in full): _____

Address (in full): _____
Street City State Zip

Email address: _____ Phone: _____

Position Applied For: _____
 Full-Time Part-Time

Desired Shifts (Please check all that apply):
 Day (9am-3pm) Evening (3pm-11pm) Overnight (11pm-9am) Weekend

Are you a citizen of the United States? If not, what is your residency status: _____
 Yes No

Highest Level of Education Completed Name of School / Location
 College – Undergrad / Masters
 Some College (years - ____)
 High School Area of Study / Degree: _____

How were you referred to us? _____

Work Experience

List your last four employers, most recent positions first

<i>Employer</i>	<i>Start / End Dates</i>	<i>Position</i>	<i>May we contact this employer?</i>
			Yes / No
			Yes / No
			Yes / No
			Yes / No

Employment Testing & Background Requirements

Prior to employment, The Rose House requires applicants to provide evidence of a recent physical exam (within six months) stating they are free of communicable diseases (including a Mantoux test for tuberculosis), and for applicants to successfully pass State and Rose House background checks (including fingerprinting and drug testing).

Do you agree to comply with these requirements prior to employment and permit The Rose House to conduct background checks? Yes No

Have you ever been convicted of a crime or disorderly offense, or criminally or civilly liable for abuse or neglect of persons with developmental disabilities? If yes, provide details on the back of this page. Yes No

References

Please provide at least 2 professional references

<i>Reference Name</i>	<i>Company & Location/Address</i>	<i>Relation to Applicant</i>	<i>Phone / Email</i>

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I acknowledge that all answers are true and accurate to the best of my knowledge. If I am employed by The Rose House, any false or misleading information given in my application or interview(s) may result in immediate termination. I understand also that I am required to abide by all rules and regulations of The Rose House.

Signature _____

Date _____

Attestation of Liability of Abuse for Disabled Persons

I testify that I have not been adjudged civilly or criminally liable for abuse of a developmentally disabled person receiving services from the department, placed in a community residence regulated by this chapter, or any other setting.

Applicant Signature _____

Date _____

Witness Signature _____

Date _____

*****Office Use Only*****

Availability _____ Interview _____ Re-interview _____

Comments _____