



The Bedens Brook Club

240 Rolling Hill Road
Skillman, NJ 08558

EMPLOYMENT APPLICATION

PERSONAL

Today's Date _____

Name _____ Social Security Number _____
(Last) (First) (Middle)

Present Address _____
(Street) (City) (State) (Zip Code)

How many years have you lived at this address? _____ Home Telephone Number _____

Cell Phone: _____ E-Mail: _____

If at the above address for less than 7 years, list below all addresses for past 7 years. Attach a separate page if necessary.

From: _____ **To:** _____ - _____
(Street) (City) (State) (Zip Code)

From: _____ **To:** _____ - _____
(Street) (City) (State) (Zip Code)

From: _____ **To:** _____ - _____
(Street) (City) (State) (Zip Code)

Position Applied for _____

Do you want to work ① Full time or ① Part time Specify Days & hours if part time _____

Have you worked for The Bedens Brook Club in the past? ① Yes ① No If yes, when? _____

Under what name? _____

How did you learn of this position? _____

If hired, on what date will you be available to start work? _____

If hired, do you have reliable means of transportation to get to work? _____

Are you at least eighteen (18) years of age? ① Yes ① No Have you ever been refused a fidelity bond? ①

Yes ① No

Are you eligible/authorized to work in the United States? ① Yes ① No

Any Military Service: _____ If yes: _____
Branch Specialty Dates of Service

FOR OFFICE USE ONLY	
<i>Please circle one</i>	
Interviewer _____	Full Time / Part Time Seasonal / Part Time
Department _____	Start Date _____
Pay Rate _____	

PRIOR WORK HISTORY

(List in order, last or present employer first. Attach additional sheet if necessary)

Employer name _____ Phone: (___) _____

Employer address _____

Position/Title _____ Dates worked: from ___/___/___ to ___/___/___

Rate of pay started at \$ _____ Rate of pay finished at \$ _____

Supervisor's name and title _____

Reason for leaving _____

Describe in detail the work you did _____

Please select permission regarding current employer:

- Do not contact current employer – I have not given my notice at this time.
- Verify current employer discreetly. I do not want the current employer to know I am leaving. Do not fax the authorization or interview the supervisor.
- I authorize faxing to the current employer and an interview with the current supervisor.

Employer name _____ Phone: (___) _____

Employer address _____

Position/Title _____ Dates worked: from ___/___/___ to ___/___/___

Rate of pay started at \$ _____ Rate of pay finished at \$ _____

Supervisor's name and title _____

Reason for leaving _____

Describe in detail the work you did _____

Employer name _____ Phone: (___) _____

Employer address _____

Position/Title _____ Dates worked: from ___/___/___ to ___/___/___

Rate of pay started at \$ _____ Rate of pay finished at \$ _____

Supervisor's name and title _____

Reason for leaving _____

Describe in detail the work you did _____

EDUCATION AND TRAINING

HIGH SCHOOL

Name _____ Address _____

Number of years completed _____ Last year attended _____

Did you graduate? Yes No

COLLEGE

Name _____ Address _____

Number of years completed _____ Last year attended _____

Did you graduate? Yes No

Degree Major _____ Degree Minor _____

Advisor _____

BUSINESS COLLEGE

Name _____ Address _____

Number of years completed _____ Last year attended _____

Did you graduate? Yes No

Degree Major _____ Degree Minor _____

Advisor _____

TRADE SCHOOL

Name _____ Address _____

Number of years completed _____ Last year attended _____

Did you graduate? Yes No

Degree Major _____ Degree Minor _____

Advisor _____

List your specific job skills and machines or equipment you can operate:

Other name(s) used while attending the above schools: _____

PERSONAL REFERENCES

(Exclude former employers or relatives.)

Name _____ Occupation _____

Address _____

Daytime phone number _____ Evening phone number _____

Name _____ Occupation _____

Address _____

Daytime phone number _____ Evening phone number _____

Name _____ Occupation _____

Address _____

Daytime phone number _____ Evening phone number _____

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 would be based only on your ability and on no other consideration.

**PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENT**

I certify that the facts set forth in the Employment Application are true and complete to the best of my knowledge. I understand that if I am employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice. However, I will be advised if an investigative report is obtained, and my financial and credit record will not be used as a basis for not employing me. In consideration of my employment, I agree to conform to the policies, procedures, rules and regulations of The Bedens Brook Club. I understand that I am an employee at-will and either myself or The Bedens Brook Club can terminate the employment relationship at any time, for any reason, with or without cause, and with or without notice, at any time. I understand that no representative of BBC has authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

To applicant READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most States also prohibit some of all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.

Have you ever been convicted of a felony, indictable offense or disorderly persons offense, that has not been annulled or expunged or sealed by a court? _____ If yes, describe in full _____

Date _____ Signature of Applicant _____

NOTIFICATION / AUTHORIZATION / RELEASE OF INFORMATION

NAME _____ DATE _____

PLEASE PRINT

In connection with my application for employment with **Bedens Brook Club** (hereafter referred to as **COMPANY**), I am hereby notified that the **COMPANY** intends to procure an investigative consumer report and I authorize the procurement of an investigative consumer report. I understand that the report will contain information about my background, character, general reputation, credit worthiness and job performance. I understand that, upon written request within a reasonable period of time, I am entitled to additional information concerning the nature and scope of this investigation. I understand that pursuant to the Fair Credit Report Act (FCRA), I have the right to know if adverse action is being considered against me as a result of information contained in this report, that I have the right to a copy of this report prior to any adverse action taken against me and to dispute the accuracy of any information in the report by contacting the consumer reporting agency, **TABB, INC.**, whose address and telephone number are listed on the bottom of this form. I understand that I may have additional rights under State law which I may determine by contacting my State or local consumer protection agency. I hereby release the **COMPANY, TABB, INC.**, their officers, agents, employees, and servants from any liability arising from the preparation of this report or investigations relating thereto.

I authorize all law enforcement agencies and motor vehicle agencies for the acquisition of a driving record or abstract if required to release such information without restriction or qualification to **TABB, INC.**, and any of its officers, agents, employees and servants. I voluntarily waive all recourse and release the above sources and firms, including the above named Company and **TABB, INC.**, from liability for complying with this authorization. I understand that any offer of employment from the above named Company will be contingent upon the results of a number of factors including this background check.

SOCIAL SECURITY NO. _____ DATE of BIRTH _____
MM / DD / YYYY

DATE _____ SIGNATURE _____

OTHER NAME(S) USED _____

TABB INC.
P.O. Box 10; Chester, NJ 07930
Phone (908) 879-2323 Fax (908) 879-8675

**Social Security Administration
Authorization for the Social Security Administration (SSA)
To Release
Social Security Number (SSN) Verification**

Printed Name _____ Date of Birth _____ SSN _____ - ____ - _____

I am conducting the following business transaction:

EMPLOYMENT with the following company:

Company Name	Address
<u>THE BEDENS BROOK CLUB</u>	<u>240 Rolling Hill Road Skillman, NJ 08558</u>

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company’s Agent, if applicable, for the purpose I identified.

The name and address of the Company’s Agent is:

TABB INC. 555 E. Main St., Chester, NJ 07930

I am the individual to whom the Social Security number was issued or that person’s legal guardian. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for _____ days from the date signed. _____ (Please initial.)

Signature _____ Date Signed _____

Contact information of individual signing authorization:

Address _____

City/State/Zip _____

Phone Number _____