

CURA, Inc. Application for Employment

May be forwarded to:

PO Box 180, Newark, NJ, 07101-0180. Fax: 973 621 8330 or humanresources@curainc.org

Notice To Applicants:

We are an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality, sex, or any other protections by local, state or federal law. Please be advised this company operates under the provisions of employment at-will, unless a written employment contract or law is to the contrary. All job offers are contingent upon a medical clearance, reference check, and drug testing.

Personal Information

Date: _____ Social Security No: XXX-XX _____

Name

(Last) (First) (Middle)

Address:

(Street) (City) (State) (Zip)

Legally Eligible to work in the U. S.? Yes No

Home, Business Telephone or

Cell Phone: _____

EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Graduate				€ Yes € No	
College				€ Yes No	
Business/Trade Technical				€ Yes No	
High School				€ Yes	

				No	
Elementary				€ Yes No	

History with Our Company	
Position Applied For: _____	
Department: _____	
Salary Desired: _____	Starting Date: _____
Have you ever worked with us before Yes No Date (s): _____	
Prior Position (s): _____	
Reason (s) for Leaving: _____	

Company Name _____	Telephone () _____
Address _____	Employed – (State month and year) From _____ To _____
Name of Supervisor _____	Weekly pay Start _____ Last _____
State Job Title and Describe Your Work _____	Reason For Leaving _____

<p>Company Name</p> <hr/> <p>Address</p> <hr/> <p>Name of Supervisor</p> <hr/> <p>State Job Title and Describe Your Work</p> <hr/>	<p>Telephone () _____</p> <p>Employed – (State month and year) From _____ To _____</p> <p>Weekly pay Start _____ Last _____</p> <p>Reason For Leaving</p>
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<p>Company Name</p> <hr/> <p>Address</p> <hr/> <p>Name of Supervisor</p> <hr/> <p>State Job Title and Describe Your Work</p> <hr/>	<p>Telephone () _____</p> <p>Employed – (State month and year) From _____ To _____</p> <p>Weekly pay Start _____ Last _____</p> <p>Reason For Leaving</p>
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<p>EMPLOYMENT List up to five years only</p>	<p>Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.</p>
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Company Name _____	Telephone () _____
Address _____	Employed – (State month and year) From _____ To _____
Name of Supervisor _____	Weekly pay Start _____ Last _____
State Job Title and Describe Your Work _____	Reason For Leaving _____

We may contact the employers listed above unless you indicate those you do not want us to contact	DO NOT CONTACT
	Employer Name(s) _____ Reason _____ _____

MILITARY	Did you serve in the U.S. Armed Forces?	Yes No	If “Yes,” in what Branch?
Describe any training received relevant to the position for which you are applying. _____ _____			

Work Related References:

Name	Telephone	Work Relationship to Applicant
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICANT'S SIGNATURE

Please read and understand this statement before signing your application:

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officers.

I fully understand and accept all terms and conditions in the above statement.

Date

Signature