NEW BEGINNINGS FOR LIFE, LLC

Application for Employment

Applicant Data:

Legal Name (Last, First, Middle Name) _____ DOB _____

Mailing Address _____ City _____ State _____ Zip Code _____ How Long? (Years) (Months) _____

(Home/Residential Address, if different than mailing address, or if a P.O. Box) _____ How Long? (Years) (Months) _____

Home Telephone Number _____ Cell Phone Number _____

Email Address _____ Social Security Number _____

Provide your mailing address(s) for the last 5 years

Previous Address _____ City _____ State _____ Zip Code _____ How Long? (Years) (Months) _____

Previous Address _____ City _____ State _____ Zip Code _____ How Long? (Years) (Months) _____

Have you ever worked for New Beginnings for Life, LLC? ☐ Yes ☐ No
If yes, when and where? _____
Are you least 18 years old or over? ☐ Yes ☐ No
Highest level of education: _____

Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, after employment, submit verification of your legal right to work in the United States? (Verification of your legal right to work in the United States will be required employment) ☐ Yes ☐ No
Have you ever had a substantiated case of abuse and / or neglect against you? ☐ Yes ☐ No
If yes, please the explain the situation:

_____

_____

_____

_____

_____

List any friends / family at NBFL and relationship: _____

In case of an emergency, notify the following person: _____ _____
Name Phone Number

Professional Reference

	Name	Phone number	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Position Desired

Applying please: _____ Desired Salary: $ _____

Date available for work: _____ How many hours per week are you available to work? _____

With regards to work locations, do you have any geographic preferences or restrictions? ☐ Yes ☐ No

If Yes, please specify: _____

Are you will to travel? ☐ Yes ☐ No

Are there any hours, shifts, or days you cannot work? ☐ Yes ☐ No

If Yes, please specify: _____

Can you work a flexible schedule, where days and number of hours scheduled is different each week? ☐ Yes ☐ No

Please indicate below the schedule you would be able to work, including a.m or p.m (List all hours and Days):

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
____ to ____	____ to ____	____ to ____	____ to ____	____ to ____	____ to ____	____ to ____

* New Beginnings for Life, LLC makes no guarantee that the requested schedule can/will be made available.

Certain positions in the company may require use of a car or another motorized vehicle. If use of a vehicle were required in the job for which are apply:

Do you have a valid Driver's License? ☐ Yes ☐ No

Do you have access to a car or other vehicle? ☐ Yes ☐ No

Do you have or can you get liability insurance on such vehicle? ☐ Yes ☐ No

Do you have any current trainings, certificates or licenses? ☐ Yes ☐ No

If Yes, please specify: _____

_____

_____

Employment History

Have you ever been involuntarily terminated from an employer? ☐ Yes ☐ No

If Yes, please specify all occurrences: _____

_____

Have you or anyone under your supervision, ever had a violation for selling or supplying any tobacco products (cigarettes, cigars, little cigars, roll-your-own tobacco, pipe tobacco, chewing tobacco, snuff and any other form of tobacco) to a minor per state law? ☐ Yes ☐ No

Please list **ALL JOBS** in the last five (5) years beginning with your present employer or most recent employer. Account for All time periods, including unemployment, self-employment, US Military Services, and verified work performed on a volunteer.

Present Employer: **(Dates: _____ to _____)**

Company Name: _____ Type of Business: _____

Address: _____ Phone Number: _____

Job Title: _____

Reason for Leaving: _____

Duties and Responsibilities: _____

_____

_____

Past Employer: **(Dates: _____ to _____)**

Company Name: _____ Type of Business: _____

Address: _____ Phone Number: _____

Job Title: _____

Reason for Leaving: _____

Duties and Responsibilities: _____

_____

_____

Past Employer: **(Dates: _____ to _____)**

Company Name: _____ Type of Business: _____

Address: _____ Phone Number: _____

Job Title: _____

Reason for Leaving: _____

Duties and Responsibilities: _____

_____

_____

Additional Information

Do you have additional information that you would like to share regarding the position you are applying for? (Other Related experience, etc) ☐ Yes ☐ No

Do you have any physical limitations or restrictions that should be considered? ☐ Yes ☐ No

If yes, please explain: _____

_____

_____

_____

_____

_____

Please tell us why you believe you would be a good fit with our agency:

_____

_____

_____

_____

_____

What type of activities would you like to incorporate into our program:

_____

_____

_____

_____

_____

Please tell us about a hobby or interest of yours that could be shared with our individuals:

_____

_____

_____

_____

_____

New Beginnings for Life, LLC

20 HARTFORD ROAD, UNIT 44, SALEM, CT 06420

Date: _____

I , _____ (your name), give _____ (previous employer) permission to speak with New Beginnings for Life, LLC regarding my previous employment history with the company, my dates of hire, work performance, and last day of employment, and if I am eligible for rehire. Along with any other information that may assist in obtaining a position.

Sincerely,

_____(print name)

aSADFASDAD
_____(Signature)

_____(social security)

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