

AMANA CARE

350 Blackwood Clementon Road Suite 2206, Pine Hill, NJ 08021

Phone #: 862-400-9767, Email: amanacarellc1@gmail.com

Amana Care is an Equal Opportunity Employer

Employment Application

Please PRINT and COMPLETE this application form.

Name (Last, First, MI): -----

Home Address (Number, street, city, state, Zip code): -----

Home Phone # ----- Cell Phone # -----

E-Mail: -----

Social Security #: _____ Date of Birth _____

Valid Driver's License (State/Number): -----

Are you 18 years old or older? (please circle) Yes No

What is your availability to work (please **circle** more than one option if applicable): Part-Time, Flex,
Day Time, Evening Time, Nighttime, Temporary Time, Any Shift, Rotating Shift, volunteer,

Position applying for, please circle (or type of work you are interested in): Individual
Supports (IS), Community Based Supports (IIC), Support coordinator, Respite Care, Behavior

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Management (BCBA), Physical Therapy (PT), Occupational Therapy (OT), Speech, Language
& Hearing therapy (SLHT)

Emergency Contact

Contact Full Name: -----

Address (Number, street, city, state, Zip code): -----

Contact Phone Number: -----

Relationship to you: -----

How did you hear about us? _____

Have you ever been convicted of a crime or other offense that has not been expunged by court in
any area of USA?

_____ YES _____ NO

If yes, please provide details here: _____

Will you be willing to undergo a state / federal criminal background check? (please circle) YES, NO

What period will you be available to begin work, if offered employment? (please circle/specify):

immediately, one week, two weeks, three weeks, or in a month time.

Provide a photocopy of your social security.

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If hired, please provide a copy of your work permit eligibility in the USA.

Previous Addresses:

Date From	Date to	Address

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WORK EXPERIENCE

List all work experience starting with your present or last work position. Please, include military service if applicable. **Use ADDITIONAL SHEETS IF REQUIRED.**

From:	To:	Position Title:	Supervisor's name:
Month:	Month:	Job Duties:	Supervisor's Phone#:
Year:	Year:		Supervisor's email:
Employer's Name and Complete Address and Phone #:		Full Time or Part Time, or Flex (please circle or specify):	
		Reason for Leaving:	

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From:	To:	Position Title:	Supervisor's name:
Month:	Month:	Job Duties:	Supervisor's Phone#:
Year:	Year		Supervisor's email:
Employer's Name and Complete Address and Phone #:		Full Time or Part Time, or Flex (please circle or specify):	
		Reason for Leaving:	

From:	To:	Position Title:	Supervisor's name:
Month:	Month:	Job Duties:	Supervisor's Phone#:
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Employer's Name and Complete Address and Phone #:		Full Time or Part Time, or Flex (please circle or specify):	
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EDUCATION AND SKILL HISTORY

Name and Address of School	Did you graduate? (Print Yes or NO)	Year of Graduation	Degree or Diploma or certification earned	Professional License(s) earned	Area of Specialty/ Concentration
High School Attended:					
College or University Attended:					
Graduate School Attended:					

AFFIRMATIVE ACTION INFORMATION SECTION.

The Purpose of this section is to increase and promote diversity of our workforce.

Applicant Gender (please circle/specify your gender): Male, Female, Non-Binary

Ethnicity (select and circle one): Hispanic or Latino, Not Hispanic or Latino

Race (select and circle one): American Indian or Alaska Native, Black, or African American, Asian, Native Hawaiian or Other Pacific Islander, White,

References

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Provide two references listing their names, address and phone number (must not be a family member or relatives)

CERTIFICATION

I ----- certify that the information provided on this application are accurate and complete. I understand that any incorrect or misleading information provided will lead to termination if employed.

I **authorize my** past employers, provided references and educational organization to release my information to AMANA CARE LLC regarding my employment and educational information for verification.

I **give** my consent to Amana Care LLC to conduct all pre-employment background check.

I **understand** that I am to abide by all AMANA CARE LLC rules and regulations and policies. In the event of ending employment, the employee will provide adequate notices.

Signature of Applicant -----

Date -----

STOP: Please return completed application form online or send to amanacarellc1@gmail.com