



Employment Application National Winter Activity Center

The National Winter Activity Center fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, genetic information, disability, or any other basis prohibited by federal, state, or local law. In accordance with requirements of the Americans with Disabilities Act and applicable federal, state and/or local laws, it is our policy to provide reasonable accommodation upon request during the application process to applicants in order that they may be given a full and fair opportunity to be considered for employment. As an Equal Opportunity Employer, we intend to comply fully with applicable federal, state and/or local employment laws and the information requested on this application will only be used for purposes consistent with those laws. To the extent required by applicable law. The National Winter Activity Center maintains a smoke-free workplace.

COMPANY NAME: National Winter Activity Center

YOUR NAME: _____

POSITION APPLIED FOR: _____

DATE: _____
(mm/dd/yyyy)

Mailing Address:
National Winter Activity Center
Attn: Careers
44 Breakneck Road
Vernon, NJ 07462

Email Address:
careers@winter4kids.org

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PERSONAL DATA

Name: _____
Last Middle First

Street Address: _____ Unit/Apt #: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

D.O.B: _____
(mm/dd/yyyy)

GENERAL INFORMATION

Are there any days, shifts, or hours you will not be able to work? Yes No

If yes, please explain: _____

Are you available for work out of town? Yes No

Are you available for overtime, if required? Yes No

*Note: It is not necessary for you to identify unavailability for work because of religious observance or practice or any other protected classification. Subsequent to any job offer, we will consider whether a reasonable accommodation can be made.

How did you learn of our company? _____

Have you ever applied or worked at our company before? Yes No

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EMPLOYMENT HISTORY:

Please complete for all full-time or part time employment beginning with the most recent employer. You may include as a part of your employment history any verified work performed on a volunteer basis. All applicants should start with their most recent job, include military assignments and voluntary employment and provide ten (10) years of history. (A separate sheet may be attached.) You must explain any gaps in your employment history.

Company Name: _____ Telephone: _____

Address: _____

Name of Direct Supervisor: _____ May we contact? Yes No

Dates Employed: From: _____ To: _____ Rate of Pay: Start: _____ Last: _____

Job Title: _____

Describe Job Duties: _____

Reason for Leaving: _____

Company Name: _____ Telephone: _____

Address: _____

Name of Direct Supervisor: _____ May we contact? Yes No

Dates Employed: From: _____ To: _____ Rate of Pay: Start: _____ Last: _____

Job Title: _____

Describe Job Duties: _____

Reason for Leaving: _____

Company Name: _____ Telephone: _____

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Address: _____

Name of Direct Supervisor: _____ May we contact? Yes No

Dates Employed: From: _____ To: _____ Rate of Pay: Start: _____ Last: _____

Job Title: _____

Describe Job Duties: _____

Reason for Leaving: _____

• Have you ever been discharged or asked to resign from employment? Yes No

If yes, please explain: _____

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APPLICANT'S ACKNOWLEDGMENT

I hereby certify that I have read and fully understand this application. Prior to signing below, I had the opportunity to ask the National Winter Activity Center about this application and to clarify any questions I might have had concerning this application form.

I hereby certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document may be cause for my dismissal at any time without prior notice. I consent to and authorize The National Winter Activity Center to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give The National Winter Activity Center (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either part(ies) for providing a good faith reference.

I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR MY EMPLOYER(S) WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER(S) POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING THE BASIC EMPLOYMENT POLICIES, PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTES AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE EMPLOYER(S). I ALSO UNDERSTAND THAT THIS ASPECT OF MY EMPLOYMENT MAY NOT CHANGE ABSENT AN INDIVIDUAL WRITTEN AGREEMENT SIGNED BY BOTH ME AND A PRINCIPAL OF THE COMPANY AND/OR ADP TOTALSOURCE.

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; submit to a background investigation; take a pre-employment drug test. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests. I authorize The National Winter Activity Center and its clients to release the results of background checks (if any) and my pre-employment drug/alcohol test (if any) information on this application and any relevant information about me to each other and to other clients for whom I have applied for employment, and release the company and its clients from any and all claims related to the lawful release of this information. I further authorize the release of any background check results of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

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AUTHORIZATION FOR BACKGROUND CHECK

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, _____, hereby authorize [name of company] to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that The National Winter Activity Center will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Name: _____ **Email:** _____
(First, MI, Last)

_____-_____-_____- _____
SSN DOB (mm/dd/yyyy)

DL # STATE

Employee's Name – Printed

X _____
Signature of Employee Date (mm/dd/yyyy)

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A DRUG-FREE WORKPLACE

The National Winter Activity Center is fully committed to a drug-free workplace, which will enhance the safety and welfare of employees, increase overall productivity and the quality of service to our participants. This will also assist in the preservation of property and equipment, promote participant and worker safety, and reduce absenteeism and job-related accidents. The substance Abuse and Drug-Free workplace policy is consistent with the safe and supportive work environment the National Winter Activity Center is noted for. A summary of the policy is below.

The National Winter Activity Center shall have the right to require an employee or volunteer to submit to testing for drug and/or alcohol use as a continuing condition of employment. The National Winter Activity Center will conduct random tests it deems necessary to ensure the safe and efficient operation of its programs. An employee who refuses to submit to drug and/or alcohol testing or who tests positive may be suspended from duty pending further investigation and may be subject to discipline, up to and including immediate termination.

If an employee endures a work-related injury and has been tested positive for a drug and/or alcohol, the employee will not be compensated for the cost of medical attention or eligible for worker's compensation.

All alcohol and drug testing results and records are considered confidential and will not be used or disclosed in public or private proceedings except in proceedings or civil litigation where the test results are relevant.

Prescription and over-the-counter drugs are not prohibited at the workplace when taken in standard dosage and/or according to a physician's prescription. Any employee taking prescribed or over-the-counter medications will be responsible for consulting the prescribing physician and/or pharmacist to ascertain whether the medication may interfere with safe performance of his/her job. If the use of a medication could compromise the safety of the employee, participants, fellow employees or the public, it is the employee's responsibility to use appropriate personnel procedures (e.g. call in sick, use leave, request change of duty or notify supervisor to avoid unsafe workplace practices).

The illegal or unauthorized use of prescription drugs is prohibited. It is a violation of our drug-free workplace policy to intentionally misuse and/or abuse prescription medications.

Employee _____
(Signature)

Date _____
Month/Day/Year

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TEMPORARY / SEASONAL EMPLOYMENT

Employee Name: _____

Last 4 Digits of SSN: _____ Date: _____

Employer: _____ The National Winter Activity Center

I understand that the position that I have applied for or accepted is seasonal or temporary in nature and that work availability is directly related to a special project or affected by slow periods. I understand that during slow periods my hours may be reduced accordingly and that I will be laid off when the project, work or season ends.

I understand that if offered a position my employment will be “at will,” meaning that I have no specified term of employment. I understand that either I or the National Winter Activity Center may end the employment relationship at any time with or without cause or notice.

Employee Signature: _____ Date: _____

Employer Signature: _____ Date: _____

Authorized Representative

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