

NJR Group, INC
APPLICATION FORM
 AN EQUAL OPPORTUNITY EMPLOYER

Applicants are not required to give any information prohibited by law. Our employment policies are nondiscriminatory with respect to age, sex, sexual orientation, race, creed, marital status, color, national origin, disability, religion, citizenship status, disabled veterans and Vietnam era veterans' status, or any other legally protected status.

(PLEASE PRINT IN INK)

Date available for work:	Position Preferred and Starting Rate/Salary Required
--------------------------	--

PERSONAL

FIRST NAME	MIDDLE NAME	LAST NAME	PREVIOUS LAST NAME
CELL PHONE NUMBER		HOME PHONE NUMBER	
CURRENT ADDRESS (STREET, CITY, ST, ZIP)			HOW LONG?
LAST PREVIOUS ADDRESS (STREET, CITY, ST, ZIP)			HOW LONG?

Are You Eighteen Years of Age or Older? Yes No (If hired, you MUST furnish proof of age)

Are You Legally Permitted To Work in the U.S. on a Full-Time Job Without Restrictions? Yes No

Have You EVER Been Convicted of ANY Offense in a Criminal or Military Court, excluding traffic violations, and including conviction of driving under the influence or driving while impaired? Yes No (If "Yes", complete the section below)

Conviction is not an automatic disqualification to employment

DATE	PLACE	CHARGE	DISPOSITION

EDUCATION

	NAME OF SCHOOL	NUMBER CREDIT YEARS	DEGREE TYPE	DEGREE (Y/N)	MAJOR OR COURSE OF STUDY	DATE	NO. YRS. ATTENDED
	LOCATION (CITY and STATE)						
High School							
College/Trade/ Tech School		1	2	3	4		
GED EQUIVALENCY					CERTIFICATION <input type="checkbox"/> Yes <input type="checkbox"/> No		YEAR RECEIVED

WORK EXPERIENCE (Give Most Recent Position First)

NAME OF PRESENT OR LAST EMPLOYER		PHONE		START DATE	END DATE
ADDRESS				START SALARY	PER
LAST POSITION HELD		IMMEDIATE SUPERVISOR		END SALARY	PER
DUTIES				AMOUNT OF BONUS/COMMISSION	
WHY DID YOU LEAVE?				MAY WE CONTACT THIS EMPLOYER?	
PREVIOUS EMPLOYER		PHONE		START DATE	END DATE
ADDRESS				START SALARY	PER
LAST POSITION HELD		IMMEDIATE SUPERVISOR		END SALARY	PER
DUTIES				AMOUNT OF BONUS/COMMISSION	
WHY DID YOU LEAVE?					

NEXT PREVIOUS EMPLOYER		PHONE	START DATE	END DATE
ADDRESS			START SALARY	PER
LAST POSITION HELD		IMMEDIATE SUPERVISOR	END SALARY	PER
DUTIES			AMOUNT OF BONUS/COMMISSION	
WHY DID YOU LEAVE?				

NEXT PREVIOUS EMPLOYER		PHONE	START DATE	END DATE
ADDRESS			START SALARY	PER
LAST POSITION HELD		IMMEDIATE SUPERVISOR	END SALARY	PER
DUTIES			AMOUNT OF BONUS/COMMISSION	
WHY DID YOU LEAVE?				

Have You Ever Been Discharged, Forced to Resign, or Been Laid Off Any Position? Yes No

If "Yes", explain: _____

REFERENCES

NAME	OCCUPATION	ADDRESS and TELEPHONE

JOB APPLICANTS AGREEMENT and CERTIFICATION
(Please Read Carefully To Ensure Your Understanding Before Signing)

I certify that the information given by me in this application is true and complete in all respects. I understand and agree that any misleading or incorrect statements or the incomplete filling out of this application shall be considered sufficient cause for denial of employment or immediate discharge. I authorize NJR Group, INC. to investigate all information in this application and to secure additional information, if necessary. I understand that an investigative report may be made whereby information is obtained through personal interviews with third parties, such as business associates, state or local government, motor vehicle agencies, credit reporting agencies, agencies for background or criminal checks. I understand that this inquiry includes information as to my character, general reputation, personal characteristics, and mode of living, whichever is applicable. I have the right to make a written request within reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. I authorize past employers, all references, and any other persons, unless stated otherwise in the application, to answer all questions asked related to my ability, character, reputation and previous employment record. In accordance with the law, I hereby release from all liability or responsibility all persons, companies or corporations furnishing such information. I understand that any consideration for, or offer of, employment is conditional on NJR Group, INC obtaining the results of this investigative report.

I understand that if I am employed by NJR Group, INC, I will be subject to the policies of NJR Group, INC and that NJR Group, INC may revise policies or procedures, in whole or in part, at any time.

I understand that the completion of this application does not assure me of a position with NJR Group, INC and does not obligate NJR Group, INC to me in any way. If an employment relationship is established, I understand that an initial Evaluation Period for new employees, regardless of other classifications, shall be in a trial status the first ninety (90) days of employment. During this period both the employee and employer shall consider whether each wishes to continue the association. A decision by the employee to discontinue employment may be made without prejudice anytime during that period providing a two-week written notice is given. A decision by NJR Group, INC to discontinue employment does not require a notice. I further understand that my employment shall be terminable at will, by either party, without notice, upon verbal or written notification of employment.

I understand that any offer of employment will be conditional on a post-offer successful completion of pre-employment substance abuse testing, background check and verification of my employability under U.S. immigration laws.

SIGNATURE OF APPLICANT

DATE

AN EQUAL OPPORTUNITY EMPLOYER

NJR GROUP, INC
 AN EQUAL OPPORTUNITY
 EMPLOYER

Demographic Information Survey

In order to comply with federal equal opportunity recordkeeping and reporting requirements, the Company is required to survey its workforce for certain demographic information. Accordingly, we ask that you provide the following information. Self-indication of your race/ethnicity is voluntary. If you choose not to self-identify, you must check the box indicating that you have reviewed the form and elected not to identify your race/ethnicity. Neither declining to self-identify nor participating by self-identifying will subject you to any adverse treatment or result in favorable treatment. The information will be used only in accordance with the provisions of applicable laws, regulations and executive orders, including those that require information to be summarized and reported to the government.

In completing the Race and Ethnicity portion of the form, first indicate if you identify yourself as Hispanic or Latino. If you do so identify yourself, you should stop at that point. If you do not identify yourself as Hispanic or Latino, then check the appropriate box to identify the race/ethnicity with which you most identify. If you should identify with two or more races, please check the "two or more races" box, and also list the single ethnic group with which you most closely identify.

Name	First Name	Middle Name	Last Name
Location	Signature		
Gender	Male Female	Date	
Race and Ethnicity	<p>A. Hispanic or Latino -A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish Culture or origin regardless of race.</p> <p>OR</p> <p>B. Not Hispanic or Latino</p> <p>White (Not Hispanic or Latino) -A person have origins in the peoples of Europe, the Middle East or North Africa.</p> <p>Black or African American (not Hispanic or Latino) -A person having origins in any of the black racial groups of Africa</p> <p>Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)-A person having origins in any of the people of Hawaii, Guam, Samoa or other Pacific Islands.</p> <p>Asian (Not Hispanic or Latino) -A person having origins in the original peoples of the Far East, Southeast Asia or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</p> <p>American Indian or Alaska Native (Not Hispanic or Latino) -A person having origins in any of the original peoples of North and South America (including Central America) and who maintain a tribal affiliation or community attachment.</p> <p>Two or More Races (Not Hispanic or Latino)-All persons who identify with more than one of the above five racial/ethnic groups. If you check this box, please list the single racial/ethnic group above with which you most closely identify:</p>		
If you choose not to self-identify your race or ethnicity, please check box.			

**This Organization
Participates in E-Verify**

**Esta Organización
Participa en E-Verify**

E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

888-897-7781

dhs.gov/e-verify



E-VERIFY IS A SERVICE OF DHS AND SSA

The E-Verify logo and mark are registered trademarks of Department of Homeland Security. Commercial sale of this poster is strictly prohibited.

English / Spanish Poster