



# NEW CONCEPTS INITIAL APPLICATION FOR EMPLOYMENT

## PRE-EMPLOYMENT QUESTIONNAIRE AN EQUAL OPPORTUNITY EMPLOYER

### PERSONAL INFORMATION

NAME (LAST NAME FIRST)		Email Address		
PRESENT ADDRESS	APT NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP
ARE YOU 21 YEARS OR OLDER? <input type="checkbox"/> Yes <input type="checkbox"/> NO	PHONE	ARE YOU LEGALLY ELIGIBLE FOR WORK IN THIS COUNTRY? <input type="checkbox"/> Yes <input type="checkbox"/> NO		

### DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> Yes <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT <b>THIS</b> COMPANY		
WHO REFERRED YOU TO THIS COMPANY		
<input type="checkbox"/> WEB SITE _____ <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> FRIEND/ EMPLOYEE _____ <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER _____		

### EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?
GRAMMER SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			

### GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK	
SPECIAL TRAINING	
SPECIAL SKILL	

**FORMER EMPLOYERS**

List below last six employers, starting with the most recent

<b>NAME OF PRESENT OR LAST EMPLOYER</b>			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

<b>NAME OF PRESENT OR LAST EMPLOYER</b>			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

<b>NAME OF PRESENT OR LAST EMPLOYER</b>			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

<b>NAME OF PRESENT OR LAST EMPLOYER</b>			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

<b>NAME OF PRESENT OR LAST EMPLOYER</b>			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

<b>NAME OF PRESENT OR LAST EMPLOYER</b>			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

**PROFESSIONAL REFERENCES**

List two people unrelated to you whom we may contact for information concerning your qualifications.

	NAME	ADDRESS/PHONE #	BUSINESS	YEARS ACQUAINTED
1				
2				

**SERVICE RECORD**

BRANCH OF SERVICE	DISCHARGE DATE
	RANK

HAVE YOU BEEN FOUND CIVILLY OR CRIMINALLY LIABLE FOR ABUSE?    Yes                      No

HAVE YOU BEEN CONVICTED OF A CRIME?    Yes                      No

IF YES, EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOUR FROM CONSIDERATION)

DAYS AND HOURS AVAILABLE: (If employed, I will notify my supervisor in writing, should my availability change.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

**AUTHORIZATION**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release NCFL from all liability for any damage that may result from the utilization of such information.

I hereby acknowledge my employment/continued employment with New Concepts will be contingent upon satisfactory background check(s).

I voluntarily authorize New Concepts to conduct a reference background check (including: education, employment, driving, criminal record etc.) prior to and during my employment.

Further, I understand that the State of New Jersey requires the submission of fingerprints, which will be regularly used to check for a criminal background. Failure to report any/all felony convictions is grounds for immediate dismissal. I understand that by law, New Concepts can not employ or maintain employees found to have felony convictions. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the forgoing, unless it is in writing and signed by a company representative."

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



**DO NOT WRITE ON THIS PAGE  
FOR INTERVIEWER'S USE ONLY**

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

REFERENCE	DATE
COMMENTS	

REFERENCE	DATE
COMMENTS	

HIRED (DATE) FOR DEPT.		FOR POSITION
REFERENCES CHECK BY		WILL REPORT
APPROVED	DEPARTMENT HEAD	DATE

# Personnel Profiles



P.O. Box 7495

Mesa, AZ 85216

Tel: 877-225-2591

Fax: 877-225-6265

## BACKGROUND VERIFICATION NOTICE, AUTHORIZATION AND RELEASE (EMPLOYMENT PURPOSES ONLY)

As part of its employment screening and selection procedures, New Concepts (Hereafter referred to as "Company") requires a background and reference check of employees. The objective of the investigation is to verify the accuracy of information provided through the application process, check references and identify other factors that might be relevant to Company employment requirements. This information, in part or in whole, will be provided to the Company in the form of a report provided by Personnel Profiles, Inc. I, authorize and consent to the procurement of a background profile as provided by Personnel Profiles, Inc., its officers, employees and agents and any other person or public or private entity inquiring about, investigating, furnishing, communicating, reviewing or evaluating information or documents pursuant to this Request, Authorization, consent and Release. This authorization, whether in original or copy form, shall be valid for one year from the date indicated next to my signature. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied due to information from a Credit Reporting Agency. Upon written request, within a reasonable period of time, I will be given a full and accurate disclosure as to the nature and substance of all information provided to Company. Personnel Profiles, Inc. may use various sources of information it deems necessary to verify the accuracy of information provided. These sources may include, but are not limited to the Department of Motor Vehicles, current and former employers (including salary), credit reporting agencies, military records, school records (including G.P.A) professional and personal references and criminal history and/or arrest records and/or conviction records.

### APPLICANT'S NAME (Please Print)

First Name	Middle Name	Last Name	Maiden/AKA	
Social Security Number	Issuing State	Date of Birth	Driver's License Number	State

### PLEASE PROVIDE 7 YEARS OF ADDRESS HISTORY:

Current Street Address	City	State	Zip	Length year/mos.
Previous Street Address	City	State	Zip	Length year/mos.
Previous Street Address	City	State	Zip	Length year

Current Phone Number  
 I HAVE RECEIVED A COPY OF THIS NOTICE AND AUTHORIZATION

PLEASE SIGN HERE \_\_\_\_\_ Date \_\_\_\_\_

\*The age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

You have the right to receive a copy of your Consumer Credit Report should one be requested for employment reasons.

I wish to be furnished with a Copy of my Consumer Credit Report should one be orders.

PLEASE INDICATE SEARCH REQUESTS BELOW: Requester: Phone:

<b>Packages</b> <input type="checkbox"/> Basic <input type="checkbox"/> Standard <input type="checkbox"/> Comprehensive <input type="checkbox"/> Executive  <small>(For Packages please indicate county for criminal searches here)</small>	<input type="checkbox"/> Civil-Lower _____ County <input type="checkbox"/> Civil-Upper _____ County <input type="checkbox"/> Crim-Nat'l Warrants: Sex ___ Race ___ <input type="checkbox"/> Crim-Fed _____ Dist. <input type="checkbox"/> Crim-Statewide _____ State <input type="checkbox"/> Crim-Please list County (s) to search: 1 <sup>st</sup> _____ 3 <sup>rd</sup> _____ 2 <sup>nd</sup> _____ 4 <sup>th</sup> _____	<input type="checkbox"/> Credit <input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> Motor Vehicle  <input type="checkbox"/> Prof. License <input type="checkbox"/> Reference	<input type="checkbox"/> SSN-check <input type="checkbox"/> SNN-search <input type="checkbox"/> SNN-address <input type="checkbox"/> Workers Comp <input type="checkbox"/> Bankruptcy
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**Affirmative Action  
Data Record**

New Concepts  
68A West Passaic Street  
Rochelle Park, NJ 07662

New Concepts for Living is An Equal Opportunity/Affirmative Action Employer  
NCFL seeks to increase the richness and diversity of its workforce and in doing so become an employer of choice. In order to judge the effectiveness of our efforts to attract and employ a diverse workforce, as well as comply with Federal and State reporting requirements, we ask that you take the time to answer a few brief questions. It is agency policy to provide equal employment opportunity to all its employees and applicants for employment regardless of their age, race, religion, color, national origin, ancestry, sex, sexual orientation, gender identity and expression, disability, genetic information, atypical hereditary cellular or blood trait, marital status, civil union status, domestic partnership status, military service, veteran status, or any other category protected by law.  
As an employer with an Affirmative Action Program, we comply with government regulations including Affirmative Action responsibilities where they apply.

The purpose for the data Record is to comply with government record keeping, reporting and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note. **YOUR COOPERATION IS VOLUNTARY INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

*(Please Print)*

Last Name		First Name		Middle Name	
Address		Street		City	
				State	
				Zip	
Telephone Number(s)			Social	Security	Number

Gender Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I decline to answer					
Check One or More of the following (Ethnic Origin)					
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Two or More races	<input type="checkbox"/> Asian	<input type="checkbox"/> I decline to answer		
Check If Any Of The Following Are Applicable					
<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Recently Separated Veteran	<input type="checkbox"/> Active Duty Wartime or Campaign Badge Veteran			
<input type="checkbox"/> Armed Forces Service Medal Veteran	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> I decline to answer			
Check if Any of the Following Are Applicable					
<input type="checkbox"/> Yes I have a disability	<input type="checkbox"/> No I do not have a disability	<input type="checkbox"/> I decline to answer			

**Reasonable Accommodation Notice**

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job.