

FINDING WORDS/CHILD FIRST - NJ ACTOR APPLICATION

Finding Words/Child First NJ 136 Central Ave, Suite 203; Clark, NJ 07066 848-316-8621 info@findingwordsnj.org

Finding Words/Child First NJ is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information			
Applicant Name:			
Primary Address:			_
City, State and Zip Code:			_
Telephone Number:			_
Secondary Address (if applicable)			_
City, State and Zip Code:			_
Email Address:			_
Date of Application: Employment Position Position(s) applying for: FW/CF NJ	Actor		
Personal Information		Yes	No
Are you 18 years of age or older?			
Are you a U.S. citizen or approved			
Do you have any condition which was If yes, please describe accommodat	would require job accommodations? ions required below.		

				Yes	No
Have you ever been convicted of a criminal offense (felony or misdemeanor)? If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:					
If yes, please state the natu	re of the crime(s), when and where	e convicted and dispositio	n of the case:		
(Note: No applicant will be a	denied employment solely on the gr	ounds of conviction of a cr	riminal offense	. The da	ite of
••	offense, including any significant of the offense to the	••	-		
Job Skills/Qualifications					
Please list below the skills ar	nd qualifications you possess for th	e position for which you a	are applying:		
(Note: Finding Words/Child	l First NJ complies with the ADA ar	ıd considers reasonable ac	commodation	measure	 ?\$
•	gible applicants/employees to perfo				
Education and Training					
High School					
Name	Location (City, State)	Year Graduated	Degree I	Earned	
College/University					
Name	Location (City, State)	Year Graduated	Degree F	Earned	
Vocational School/Specializ	zed Training				
Name	Location (City, State)	Year Graduated	Degree I	Earned	
Previous Employment					
Employer Name:					
Job Title:					
Supervisor Name:					
Employer Address:					
City, State and Zip Code:					

Emp	ployer Telephone:			
	es Employed:			
Reas	son for leaving:			
Addi	tional Information:			
FW/0	CF NJ Training Dates - Please note th	ese are week-long	g trainings. The potential orientation/observation o	lays
for ac	tors are Monday ಈ Tuesday and Thi	rsday & Friday of	of each training. After completing the 4 orientation	
days,	the actors will only work the last two	days of each train	ning.	
Pleas	e select/check off all the trainings <u>you</u>	vill be available for	or:	
	Training Dates 2024 (Possible Orien	tation Dates)		
	February 5 th – 9 th			
	March 4 th – 8 th			
	April 8 th – 12 th			
	May 13 th – 17 th			
	September 16 th – 20 nd			
			_	
AT-V	<u>VILL EMPLOYMENT</u>			
		=	ld First NJ is referred to as "employment at will."	
		•	e for any reason, with or without cause, with or with	
			representative of Finding Words/Child First NJ	
	, ,		oing "employment at will" relationship. You unders ge that no oral or written statements or representat	
•	- •		ent status, except for a written statement signed by	
•	ither our Executive Vice-President/C			you
		1	1 7	
App	licant Signature:		Dated:	