

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 Are your 18 years of age on older?	<u> </u>	<u>Yes</u>	<u>No</u>
Are you 18 years of age or older?		_	
Are you a U.S. citizen or approved to work in the United States?			
Do you have any condition which would require job accommodations?			
If yes, please describe accommodations 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			C (1	Ш	
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:					

Employer Telephone: Dates Employed:	
Reason for leaving:	
Additional Information:	
FW/CF NJ Training Dates - Please note these are week-lon	ng trainings. The potential orientation/observation days
for actors are Monday & Tuesday and Thursday & Friday	of each training. After completing the 4 orientation
days, the actors will only work the last two days of each tra	nining.
Please select/check off all the trainings <u>you will be available</u>	for:
Training Dates 2025 (Possible Orientation Dates)	
☐ February 3 rd – 7 th	
☐ March 10 th − 14 th	
☐ April TBD	
☐ May 12 th − 16 th	
☐ October TBD	
Applicant Signature:	Dated: