EMPLOYMENT APPLICATION

Investor Advocates for Social Justice 40 S Fullerton Ave, Montclair, New Jersey 07042 973-509-8800

Investor Advocates for Social Justice 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:		
Address: City State and 7in Code:		
City, State and Zip Code:		
Telephone Number: Email Address:		
Email Address:		
Date of Application:		
Employment Position Position(s) applying for:		
How did you hear about this position?		
What days are you available for work?		
On what date can you start working if you are hired?		
Salary desired:		
Full TimePart Time		
Personal Information		
Have you ever applied to or worked for Investor Advocates for Social Justice before?	Yes	No
If yes, when?		
	- -	
Do you have any friends, relatives, or acquaintances working for Investor Advocates for Social Justice If yes, state name & relationship:	Yes	No
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	ved to work in the United	6 2	Yes	No	
		c	165		
What document can you provi	do as proof of sixing solution	Are you a U.S. citizen or approved to work in the United States?			
	What document can you provide as proof of citizenship or legal status?				
Do you have any condition wh	ich would require job acco	ommodations?	Yes	No	
If yes, please describe accommodations required below.					
lob Skills/Qualifications Please list below the skills and q	ualifications you possess	for the position for whi	ch you are applyir	ng:	
Note: Investor Advocates for Scaccommodation measures that				ential	
functions.)					
Education and Training (Na	mes of Institutions are	optional)			
College/University					
	Incation ((itv State)	Year Graduated	Degree Earne		
Name	Location (City, State)		9	ed	
	Escation (City, State)			ed	
Name				ed	
		Year Graduated	Degree Earne		
Name /ocational School/Specialized	Training	Year Graduated			

Previous Employment	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
References	
Please provide 3 professional referenc	e(s) below:
rease provide a professional reference	(4) 20.011
Reference	Contact Information

<u>Additional Information:</u>

Professional Certifications , Articles, Presentations	(Other published materials not mentioned)
<u>AT-WILL EMPLOYMENT</u>	
The relationship between you and Investor Advocate will." This means that your employment can be term cause, with or without notice, by you or the Investor Advocates for Social Justice has authority to	minated at any time for any reason, with or without
"employment at will" relationship. You understand the	nat if hired your employment is "at will," and that you
acknowledge that no oral or written statements or re your at-will employment status, except for a writte	epresentations regarding your employment can alter
Director or Board Chairman and President	in statement signed by you and cliner our Exceditive
Applicant Signature:	Dated:
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