# Jewish Family Service of Tidewater, Inc. APPLICATION FOR EMPLOYMENT



JFS is an equal opportunity employer dedicated to a policy of nondiscrimination in employment on any basis including race, color, religion, national origin, age, gender, sexual orientation, genetic information, non-disqualifying disability or military status that does not prevent performance of essential job functions, with or without reasonable accommodation. JFS is a drug-free workplace.

	P	ERSON	IAL		
Last Name	First	N	Middle	Date	
Street Address				Home Phone	
oli eet Address				rionic i none	
City, State, Zip				Cell Phone	
Have you ever applied for	or employment with us?			Email Address	
☐Yes ☐ No If yes, M	lonth and Year Location				
Position Desired				Pay Expectation	
Apart from absence for r	eligious observance, are you available for	r full-time work?		Will you work overting	me if asked?
work	what hours can you			□Yes □No	
Proof of citizenship or im	migration status will be required upon em	ployment		When will you be av	railable to begin work?
Other job related special	training skills (languages, machine opera	ation, etc.)			
How did you learn of our	Agency?				
	E	DUCAT	ION		
SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE , DIPLOMA, OR CERTIFICATION
College				Yes	
High School				☐ No☐ Yes☐	
				☐ No☐ Yes	
ELEMENTARY				□ No	
OTHER				Yes	
				☐ No	
	AUTOMOBILE DRIV			FORMATION	<b>N</b>
Driver's License No			iration Date:		
Insurance Company	/	Poli	cy No.		

Proof of Insurance Coverage Required

## **EMPLOYMENT**

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

Company Name	Telephone
Address	Employed (State Month and Year) FROM: TO:
Name of Supervisor	Weekly Pay START: LAST:
State Job Title and Describe Your Work	Reason for Leaving
Company Name	Telephone
Address	Employed (State Month and Year) FROM: TO:
Name of Supervisor	Weekly Pay START: LAST:
State Job Title and Describe Your Work	Reason for Leaving
Company Name	Telephone
Address	Employed (State Month and Year) FROM: TO:
Name of Supervisor	Weekly Pay START: LAST:
State Job Title and Describe Your Work	Reason for Leaving
Company Name	Telephone
Address	Employed (State Month and Year) FROM: TO:
Name of Supervisor	Weekly Pay START: LAST:
State Job Title and Describe Your Work	Reason for Leaving
Company Name	Telephone
Address	Employed (State Month and Year) FROM: TO:
Name of Supervisor	Weekly Pay START: LAST:
State Job Title and Describe Your Work	Reason for Leaving
We may contact the employers listed above unless you indicate those you do not want us to contact.	Employer:Reason:

	IN CASE OF EMERGENCY NOTIFY:		Phone Number:
	Do Not Answer Any Question In Th	IS SE	CTION UNLESS THE BOX IS CHECKED
limita discri respe	employer has checked the box next to the question, the information r tion, national security considerations, a legitimate occupational qualifi mination in employment because of race, color, religion, sex or nation ect to certain individuals. The laws of most States also prohibit some of mination based upon ancestry, marital status or physical or mental has	equestocation of all original original original original original of	ed is needed for a legally permissible reason, including, without or business necessity. The Civil Rights Act of 1964 prohibits n. Federal law also prohibits discrimination on the basis of age with the types of discrimination as well as some additional types such as
	Provide dates you attended school:		
	Elementary: From: To:		Height:FeetInches
	High School: From: To: College: From: To:		Weight:Lbs.
	Other (Give Name and Dates):		vveigntLbs.
	(		Sex: Male Female
	Marital Status:		How long at present address?Years
	☐Single ☐Engaged ☐Married ☐Separated ☐Divorced ☐Widowed		Months How long at previous address?Years
			Months
			What was your previous address?
	Are you ever 10 years of area.	<del>  _  </del>	Arguer a HC Citizan 2 TV TAL-
Ш	Are you over 18 years of age?  Yes No If not, employment is subject to verification of minimum legal age.	Ш	Are you a US Citizen? ☐Yes ☐No
	Have you ever been bonded?		Have you ever been convicted of a crime which has not been expunged from your record? ☐Yes ☐No
	State names of relatives and friends working for us other	$\square$	If you are applying for a position that involves driving on JFS
_	than your spouse.		business, describe any and all traffic violations received in the last 7 years.
	<del></del>		
			l <del></del>
	Are you currently using any drugs which are illegal to purcha prescription drugs which have been improperly or fraudulent		
emplo termi autho subm result backet posse any s	by JFS and its officers, directors, employees and/or agents; and all per lement any information I have provided.  Further, I understand that nothing in the application process is in by ment have been made to me. I understand that if I am employed, it nated at any time without notice for any reason or for no reason or cast ority to alter this at-will relationship unless stated in a specific writing solve NOTICE: All applicants may be required to submit to a pre-emploit to and/or authorize such testing may result in the applicant not being the in an applicant not being hired.  CONSENT FOR RELICATION TO THE PROVIDE SENTING SERVICE OF TIGGROUND AND SERVICE OF TIGGROU	f all inforsons, of tended will be use. I use the comment of the c	ormation contained in this application and I specifically release from all companies and corporations who may be contacted to verify or to create an employment contract and that no promises regarding for no specific period of time and that this employment will be inderstand that no supervisor or other management employee has the payment and an officer of the Jewish Family Service, Inc. of drug screening prior to beginning employment with JFS. Failure to a Likewise, a positive test result on any drug test administered may corporate in the programment of the p
	Date		Signature of Applicant

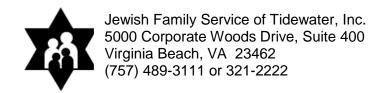
## JEWISH FAMILY SERVICE OF TIDEWATER, INC.

#### **EMPLOYMENT INTERVIEW**

I understand that employment interviews are an extension of the written application and an integ part of the employment process. I also understand that any misrepresentation or omission of any facts by me during the interview may lead to the denial or withdrawal of the offer of employment whenever any misrepresentation or omission is discovered.				
Signature of Applicant	Date			

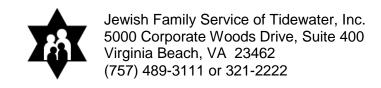
Date

Signature of Interviewer



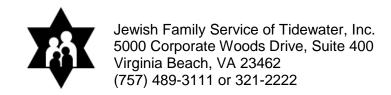
#### **EMPLOYMENT VERIFICATION**

To Be Completed by Applicant:				
Name:		Social Secu	rity #	
Name/Address of Previous Employer:				
Telephone Number:	Fax Number: _		Position:	
Employed From: To:	Supe	rvisor:		
I have applied to Jewish Family Service for information to Jewish Family Service, as r				
Signature of Applicant			Date	
To Be Completed By Previous Emp	loyer:			
Please complete the following information applicant. The information will be kept in s		ents you feel wo	uld be helpful in evalu	uating the above
Is the above information correct?  If no, please explain:	_Yes			
Why did the applicant leave your employn	nent?			
Is applicant eligible for rehire?	□No			
Health during employment: Good Attendance record: Good	Fair Poor Fair Poor			
Please check the spaces which bes	t describe the appl	icant:		
	Above Average	Good	Below Average	Unsatisfactory
Work Quality				
Work Quantity				
Ability to work under pressure				
Job Knowledge				
Attitude				
Ability to work with others  Judgment				
Dependability				
Dependability				l
Comments:				
Signaturo		Position	•	



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To Be Completed by App	licant:				
Applicant Name:			S	ocial Security #	
Name/Address of <u>Previous E</u>	imployer:				
Telephone Number:		Fax Number:_		Position:	
Employed From:	To:	Supe	ervisor:		
I have applied to Jewish Fam information to Jewish Family					
Signature	of Applicant			Date	
To Be Completed By Pre	vious Empl	oyer:			
Please complete the following applicant. The information wil			ents you feel wo	ould be helpful in evalu	lating the above
Is the above information corre If no, please explain:	ect?	]Yes □No			
Why did the applicant leave y	our employm	ent?			
Is applicant eligible for rehire'		□No			
Health during employment: Attendance record:		FairPoor _FairPoor			
Please check the spaces	which best	t describe the appl	icant:		
		Above Average	Good	Below Average	Unsatisfactory
Work Quality					
Work Quantity					
Ability to work under press	ure				
Job Knowledge Attitude					
Ability to work with others					
Judgment					
Dependability					
Comments:					
Signature:			Positio	n	



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Name/Address of Previous Employer: _				
Telephone Number:	Fax Number	·	Position: _	
Employed From: To: _	Su	pervisor:		
I have applied to Jewish Family Service information to Jewish Family Service, as				
Signature of Applican	nt		Date	
To Be Completed By Previous Em	ployer:			
Please complete the following information applicant. The information will be kept in		ments you feel w	ould be helpful in evalu	uating the above
Is the above information correct? If no, please explain:	∐Yes	)		
Why did the applicant leave your employ	yment?			
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Health during employment: Good_ Attendance record: Good_	Fair Poor_ Fair Poor_			
Please check the spaces which be	est describe the ap	plicant:		
	Above Average	Good	Below Average	Unsatisfactory
Work Quality				
Work Quantity				
Ability to work under pressure				
Job Knowledge Attitude				
Ability to work with others				
Judgment				
Dependability				
Comments:				
Signature:		Positio	on	

### FOR EMPLOYER USE ONLY

	REFERENCE CHECK					
EMPLOYER	PERSON CONTACTED	DATE	RESULTS			

DATE	INTERVIEWER NAME AND COMMENTS	