

# JEWISH HOME



A beneficiary of Jewish Home & Senior Living Foundation and the San Francisco-based Jewish Community Federation.

302 Silver Avenue San Francisco, CA 94112 415.334.2500 jhsf.org

## EMPLOYMENT APPLICATION

<input type="text"/>	<input type="text"/>
NAME OF APPLICANT	DATE
<input type="text"/>	
POSITION APPLIED FOR	

### ATTENTION ALL APPLICANTS

We are an alcohol- and drug-free workplace. All applicants who receive a *conditional offer* of employment will be required to submit to, and successfully pass, a pre-employment medical exam, functional skills test, and background check before they are allowed to report to work.

Applicants and employees are treated without regard to race, color, religion, gender, marital status, national origin, age, sexual orientation, veteran status, medical condition or disability, ancestry or gender identity.

Thank you for considering us as a potential employer. Our goal is to recruit, train, and retain quality team members. Please complete the application and attached documentation in full. Remember to sign all documents.

### HOW TO SUBMIT YOUR APPLICATION

#### MAIL:

Human Resources  
Jewish Home  
302 Silver Avenue  
San Francisco, CA 94112

#### FAX:

415.334.6485

#### INFORMATION:

415.562.2679

FOR HUMAN RESOURCES DEPARTMENT USE ONLY			REV. 05/14/14
Hire: <input type="checkbox"/> Yes <input type="checkbox"/> No	Offer Letter: <input type="checkbox"/> Yes	Work Permit: <input type="checkbox"/> Yes	<input type="text"/>
			DATE OF SANCTION CHECK
<input type="text"/>	<input type="text"/>	<input type="text"/>	
POSITION	DATE OF BACKGROUND CHECK	DATE OF REFERENCES	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
DEPARTMENT	DATE OF PHYSICAL	DATE OF ORIENTATION	

EMPLOYMENT APPLICATION

<input type="text"/>		<input type="text"/>	
TODAY'S DATE		POSITION APPLIED FOR	
<input type="text"/>		<input type="text"/>	
NAME		PRIMARY PHONE	
<input type="text"/>		<input type="text"/>	
ADDRESS		SECONDARY PHONE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY	STATE	ZIP	E-MAIL ADDRESS
<input type="text"/>			
OTHER NAMES USED WHILE EMPLOYED			

GENERAL INFORMATION

WHAT IS YOUR MINIMUM SALARY REQUIREMENT?

Please check your availability:

- |                                    |                                    |                                    |
|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Days      | <input type="checkbox"/> Evenings  | <input type="checkbox"/> Nights    |
| <input type="checkbox"/> Full-Time | <input type="checkbox"/> Temporary | <input type="checkbox"/> Part-Time |
| <input type="checkbox"/> Per Diem  | <input type="checkbox"/> Holidays  | <input type="checkbox"/> Weekends  |
| <input type="checkbox"/> Overtime  |                                    |                                    |

Are you currently employed?  Yes  No

May we contact your employer?  Yes  No

Do you have any relatives who work or live at any organizations within the Jewish Senior Living Group network?

IF YES, RELATIVE'S NAME

RELATIONSHIP

Were you previously employed by any organizations within the Jewish Senior Living Group network?  
 Yes  No

IF YES, REASON FOR LEAVING

IF YES, DATE AND LENGTH OF EMPLOYMENT

If you are employed and under 18, can you provide a work permit?  Yes  No  Does not apply

Are you able to provide work authorization upon employment?  Yes  No

Are you a veteran of the U.S. military service?

Yes  No

IF YES, WHICH BRANCH

Were you honorably discharged?

Yes  No  Does not apply

IF NO, PLEASE EXPLAIN WHY

Have you ever been terminated or asked to resign from a previous place of employment?

Yes  No

IF YES, PLEASE STATE COMPANY AND REASONS WHY

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**WORK EXPERIENCE**

List your employers for the **past 10 years**, beginning with your present or most recent job. Include military service and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, sexual orientation or national origin.

<input type="text"/>	<input type="text"/>	<input type="text"/>
EMPLOYER	EMPLOYER'S PHONE	DATE OF HIRE
<input type="text"/>		<input type="text"/>
ADDRESS		DATE OF DEPARTURE
<input type="text"/>	<input type="text"/>	<input type="text"/>
SUPERVISOR'S NAME	SUPERVISOR'S PHONE	STARTING HOURLY RATE OR SALARY
<input type="text"/>		<input type="text"/>
YOUR JOB TITLE		ENDING HOURLY RATE OR SALARY
<input type="text"/>		
REASON FOR LEAVING		
<input type="text"/>		
JOB DUTIES		

<input type="text"/>	<input type="text"/>	<input type="text"/>
EMPLOYER	EMPLOYER'S PHONE	DATE OF HIRE
<input type="text"/>		<input type="text"/>
ADDRESS		DATE OF DEPARTURE
<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>		<input type="text"/>
YOUR JOB TITLE		ENDING HOURLY RATE OR SALARY
<input type="text"/>		
REASON FOR LEAVING		
<input type="text"/>		
JOB DUTIES		

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<input type="text"/>		<input type="text"/>
YOUR JOB TITLE		ENDING HOURLY RATE OR SALARY
<input type="text"/>		
REASON FOR LEAVING		
<input type="text"/>		
JOB DUTIES		

**WORK EXPERIENCE CONTINUED**

<input type="text"/>	<input type="text"/>	<input type="text"/>
EMPLOYER	EMPLOYER'S PHONE	DATE OF HIRE
<input type="text"/>		<input type="text"/>
ADDRESS		DATE OF DEPARTURE
<input type="text"/>	<input type="text"/>	<input type="text"/>
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YOUR JOB TITLE		ENDING HOURLY RATE OR SALARY
<input type="text"/>		
REASON FOR LEAVING		
<input type="text"/>		
JOB DUTIES		

**EDUCATION**

**HIGH SCHOOL**

**COLLEGE / UNIVERSITY**

**GRADUATE / PROFESSIONAL**

Years completed (check)

9 10 11 12

1 2 3 4

1 2 3 4

**COLLEGE / UNIVERSITY**

Name of college and location:

Did you graduate?  Yes  No If yes:    
GRADUATION DATE DEGREE EARNED

**GRADUATE / PROFESSIONAL**

Name of college and location:

Did you graduate?  Yes  No If yes:    
GRADUATION DATE DEGREE EARNED

Specialized training, apprenticeship, skills

Current certifications and expirations

**PROFESSIONAL LICENSE OR CERTIFICATE (DO NOT INCLUDE DRIVER'S LICENSE)**

If you are licensed, has your license ever been suspended or revoked, or are you currently involved in any proceeding that could affect your license or certification?  Yes  No

IF YES, PLEASE GIVE THE DATE, LOCATION, AND DISPOSITION OF YOUR CASE

LICENSE OR CERTIFICATE #	TYPE OF LICENSE/CERTIFICATE	STATE ISSUED	EXPIRATION DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**REFERRAL SOURCE**

How did you hear about this position? Please indicate below.

EMPLOYEE REFERRAL (PROVIDE NAME) WEBSITE (PROVIDE NAME)

ADVERTISEMENT (PROVIDE NAME OF PUBLICATION) OTHER

**APPLICANT'S STATEMENT**

PLEASE READ CAREFULLY. INITIAL EACH PARAGRAPH IN THE SPACE PROVIDED, AND SIGN BELOW.

\_\_\_\_\_ If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States. Additionally, if my position requires me to drive, I will possess a current and valid California driver's license.

\_\_\_\_\_ If I am offered employment, I understand and agree that I will be required to undergo and satisfactorily pass (prior to reporting for duty) a physical examination and tuberculosis testing. I authorize release of all results or information obtained from such examinations.

\_\_\_\_\_ If offered employment, I will, as a condition of employment, provide my fingerprints to the organization and specifically consent to the submission of my fingerprints to the California Department of Justice in order to obtain a report of criminal convictions. Disclosure of a criminal conviction may not automatically disqualify me from employment, nor automatically require me to terminate employment.

\_\_\_\_\_ I acknowledge that if I am employed by the organization, I will have the right to terminate my employment at any time, with or without cause or advance notice. This at-will employment relationship shall remain in effect throughout my employment by the organization and may not be modified by any oral or implied agreement. Furthermore, the at-will nature of my employment may not be modified or abrogated by any oral or written statement (s), including performance evaluations, the granting of salary increases, bonuses or promotions, or by the length of my employment. I understand that only a written contract signed by the organization's Chief Executive Officer, Administrator and/or Chief of Human Resources may alter this at-will employment relationship.

\_\_\_\_\_ I certify that the information submitted in this application and any attachments is true and correct. I further certify that I have not knowingly withheld any information which might adversely affect my chances for employment, and that I, the undersigned applicant, have personally completed this application. I understand that if any misrepresentation is found or the results of the investigations are not satisfactory, any offer of employment may be withdrawn, and that if I am already employed, my employment may be terminated immediately.

\_\_\_\_\_ I specifically authorize the organization to thoroughly investigate my references, work record (including performance and discipline histories), education, licensure, criminal history, and all other matters related to my suitability for employment. I further authorize the references and prior employers I have listed to disclose to the organization any and all letters, reports, review and disciplinary materials, and other information related to my work records and performance, without providing me with prior notice of such disclosure. In addition, I hereby release the organization, my former employers, and all other persons and entities from any and all claims, demands or liabilities arising out of, or in any way related to, such investigation or disclosure, including, but not limited to, claims for defamation, slander, libel, negligent or fraudulent misrepresentation, and invasion of privacy.

\_\_\_\_\_ I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree that, in the event I am hired by the organization, all disputes arising out of my employment by the organization, whether during or after said employment, will be submitted to binding arbitration in accordance with the National Rules for the Resolution of Employment Disputes, as promulgated by the American Arbitration Association, and judgment on any award rendered by the arbitrator may be entered in any court having jurisdiction thereof.

\_\_\_\_\_ I understand that nothing contained in this application for employment or in the granting of an interview is intended to create an employment contract between the organization and me. I understand that no promise or guarantee regarding employment is binding on the organization unless made in writing. If an employment relationship is established, I understand that both the organization and I may terminate my employment at any time for any reason, or for no reason at all, unless otherwise agreed upon in writing by me and the organization's Chief Executive Officer, Administrator and/or Chief of Human Resources.

**By signing this application, I further certify that I have read and understand everything contained in this application, including the at-will employment and arbitration provisions set forth above.**

\_\_\_\_\_

NAME OF APPLICANT

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE