



Application for Employment

The Jewish Home for the Elderly
175 Jefferson Street Fairfield, CT 06825
Job Hotline: 203.396.1138 Fax: 203.372.5055

Date: _____

Please Print in Ink

Please complete all questions on this employment application so that you may be given every employment consideration. It is the policy of The Jewish Home for the Elderly to provide equal employment opportunities to all employees and applicants for employment without regard to race, sex, color, religion, national origin, age, disability, marital status, veteran status or sexual orientation. The Jewish Home complies with applicable state and local laws governing nondiscrimination. Please notify the Employee Relations office if you require accommodation to successfully complete the application process, i.e., sign interpreter, etc.

Position Applying For		Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Hrs/Wk Preferred _____	
		Per Diem <input type="checkbox"/>	Temporary <input type="checkbox"/>	Shift Preferred _____	
Circle Days Available: M T W Th F Sa Su					
Name (Last)	(First)	(Middle)	Have you ever worked under another name? If yes, please state: _____		
Present Address		City		State	Zip
Home Telephone () ()		Work Phone () ()		Cell Phone () ()	
Education (circle last year completed) 6 7 8 9 10 11 12 13 14 15 16					Are you 18 or older? Yes <input type="checkbox"/> No <input type="checkbox"/>
School	Name and City	No. Years Completed	Graduate Yes/No	Major	Degree
High School					
College					
Technical/Other					
U.S. Military: Yes <input type="checkbox"/> No <input type="checkbox"/>		Branch	Type of Discharge	Rank	
Previous Employee at The Jewish Home? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? _____		Any friends or relatives employed by us? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Why did you leave? _____		Name _____ Relationship _____ Department _____			
How were you referred to us? Please specify.					
Give the names and addresses of 3 persons other than relatives who know you personally and can provide information about your work or character.					
Name	Address, City, State and Zip		Phone Number	Business/Occupation	
			() ()		
			() ()		
			() ()		
Can you perform the essential duties of the job for which you are applying with or without a reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>					

Please complete this section even if you have attached a resume.

Starting with the most recent position, state your last four employers or areas of experience.	
Company Name	Telephone ()
Address	City/State/Zip Code
Starting Position / Ending Position	Starting Salary / Ending Salary
1 Describe your work	Employed (State month and year) From _____ To _____
Name and Title of Supervisor	Reason for Leaving

May we contact your present employer? Yes No If not, explain: _____

Company Name		Telephone ()
Address		City/State/Zip Code
Starting Position / Ending Position		Starting Salary / Ending Salary
2 Describe your work	Employed (State month and year) From _____ To _____	
Name and Title of Supervisor		Reason for Leaving

Company Name		Telephone ()
Address		City/State/Zip Code
Starting Position / Ending Position		Starting Salary / Ending Salary
3 Describe your work	Employed (State month and year) From _____ To _____	
Name and Title of Supervisor		Reason for Leaving

Company Name		Telephone ()
Address		City/State/Zip Code
Starting Position / Ending Position		Starting Salary / Ending Salary
4 Describe your work	Employed (State month and year) From _____ To _____	
Name and Title of Supervisor		Reason for Leaving

All applicants, including administrative and management are required to answer the following questions:

Have you ever been convicted of cruelty or assault of a victim over 60 years of age? Yes No

Have you ever been subject to any disciplinary action regarding cruelty or assault of a victim over age 60? Yes No

Have you ever been convicted of or pleaded no contest to a felony? Yes No

If yes to **any** of the above, please explain: _____

Clinical Section – Please complete appropriate categories.		
C.N.A./H.H.A. (circle one)	Registry # _____	Issue Date: _____
R.N./L.P.N (circle one)	License # _____	Expiration Date: _____
M.D.	License # _____	Expiration Date: _____
P.T./O.T./R.T./Speech (circle one)	License # _____	Expiration Date: _____
Other Specify: _____	License # _____	Expiration Date: _____
Are there any actions, past or pending, against your licensures, such as limitations, suspensions or revocations? Yes <input type="checkbox"/> No <input type="checkbox"/> Please explain: _____		

Training Skills Acquired – Please complete appropriate categories.		
Basic Cardiac Support	_____	Date Completed: _____
Advanced Cardiac Life Support	_____	Date Completed: _____
Coronary Care Course	_____	Date Completed: _____
I.V. Therapy Course	_____	Date Completed: _____
Other Courses: _____		

Clerical Section – Please complete appropriate categories.			
Keyboard	_____ wpm	<u>PC Skills (circle all that apply)</u>	<u>Spreadsheet/Database</u>
Shorthand/Speedwriting	_____ wpm	Word/Outlook/PowerPoint	Access/Excel
Switchboard	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other _____	Other _____
Make/Console _____			

Maintenance Section		
License Type _____	License # _____	Expiration Date: _____
Special Skills _____		

APPLICANT ACKNOWLEDGEMENT
<p>I, the undersigned, certify that the information contained in this employment application is true and complete to the best of my knowledge and belief. I understand and agree that omissions, misrepresentations, or falsifications of any part of this record shall be cause for immediate discharge without severance benefits in the event that I am hired.</p> <p>I understand that this application and/or any resultant employment does not imply or indicate any intent of establishing any contractual relationship. I further understand that my employment is “at will” and can be terminated by me or by the employer at any time, for any reason. Also, I understand that this application is not an offer of employment, and offers of employment may only be made in writing by the Vice President of Employee Relations and Administrative Services, Recruiting Coordinator, Human Resources Coordinator or his/her designee.</p> <p>I understand that any resultant employment is contingent on the satisfactory processing of my application and post-offer medical examination which shall include lab (drug test) and possible x-ray work to determine suitability to perform the essential job duties and to ensure that I am free from active communicable diseases. Employment is also contingent upon my ability to provide proof of eligibility and legal authorization to work in the United States.</p> <p>I understand that I will be considered for employment on the basis of references and the information furnished on this application. I hereby authorize all schools, former employers, personal references and police to furnish full information including work history and any personnel file information about me to the Jewish Home without liability of any kind.</p>
<div style="width: 45%; border-top: 1px solid black; margin-top: 10px;"> Applicant Signature </div> <div style="width: 45%; border-top: 1px solid black; margin-top: 10px;"> Date </div>

FOR COMPANY USE ONLY

Interview Date(s): _____

Hiring Managers should complete Section 1 in as much detail as possible. Employee Relations Staff will complete the necessary background check and make any position offers.

Section 1: Position Details & Comments

Date	Comments

Position/ Title		Shift (1 st /2 nd /3 rd) Work Hours Assigned	
Department/ Unit		Hours Per Week (Total)	
Please check days assigned/available to work:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday

Interviewing Manager Signature

Date

Section 2: Position Offer

Offer Date/ Offer Made By:	Acceptance	Start Date	Post Offer Exam Location/Date	Requisition Number	Experience Date / Credited Years
	Yes <input type="checkbox"/>				
	No <input type="checkbox"/>				
Starting Wage (Hourly Equivalent)	Background Received	I-9 ID's Received	References Checked	License Verified (if applicable)	
\$ <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt					

Employee Relations Signature

Date