

Jewish Residential Services

Application for Employment

Name: _____ Date: _____ / _____ / _____

Address: _____ Email Address: _____

_____ Cell Phone: _____

Hm Phone: (____) ____ - _____ Wk Phone: (____) ____ - _____

Soc Sec#: _____ - _____ - _____

Position Applied for: _____ Date Available to start: ____ / ____ / ____

Where did you hear about this position? _____

EDUCATION

HIGH SCHOOL OR EQUIVALENT (Name, City, State)		H.S. Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No	GED <input type="checkbox"/> Yes <input type="checkbox"/> No
COLLEGE OR OTHER SCHOOLS ATTENDED	ADDRESS	DEGREE RECEIVED	CURRICULUM/MAJOR

MILITARY SERVICE

Are you a veteran? Yes No If yes, give dates of service: From _____ To _____

List any special skills or training _____

PROFESSIONAL LICENSE, REGISTRATION OR CERTIFICATION

TYPE	STATE ISSUED	DATE	NUMBER

EMPLOYMENT

Employer: _____ From: _____

Address: _____ To: _____

Supervisor: _____ Phone: (____) ____ - _____

Position Held: _____ FT PT

Salary/Wage: Beginning _____ Ending _____

Duties: _____

Reason for leaving _____

Employer: _____ From: _____

Address: _____ To: _____
Supervisor: _____ Phone: (____) ____ - ____
Position Held: _____ [] FT [] PT
Salary/Wage: Beginning _____ Ending _____
Duties: _____

Reason for leaving _____

Employer: _____ From: _____
Address: _____ To: _____
Supervisor: _____ Phone: (____) ____ - ____
Position Held: _____ [] FT [] PT
Salary/Wage: Beginning _____ Ending _____
Duties: _____

Reason for leaving _____

May we contact all of the employers listed above Yes No
If No, tell us which one you do not want us to contact:

REFERENCES

Name/Title of Reference: _____

Address _____

Telephone _____ Relationship to Applicant _____

Name/Title of Reference _____

Address _____

Telephone _____ Relationship to Applicant _____

Name/Title of Reference _____

Address _____

Telephone _____ Relationship to Applicant _____

ADDITIONAL INFORMATION

Have you ever been convicted of a criminal offense, other than a misdemeanor? ___ yes ___ no

If yes, please explain _____

Act 33 Clearance obtained ___ yes ___ no Act 34 Clearance obtained ___ yes ___ no

I hereby certify that the answers given by me to the foregoing questions and statements are true to the best of my knowledge. I authorize current and former employers and educational institutions to provide any information they may have regarding me. I release them and their organizations from all liability whatsoever by providing requested information. I understand that JRS may now, or at any time while I am employed, conduct an investigatory report containing information on criminal convictions, employment experience, Education, and driving record. I have authorized any such report. I hereby release JRS, its officers, directors, employees, and agents from any liability and responsibility arising from such report or investigations relating thereto.

If upon investigation, anything contained in this application is found to be untrue, I understand I will be subject to dismissal at any time during the term of my employment. I also understand my employment and compensation can be terminated with or without cause, and with or without notice, by JRS.

I understand that any offer of employment made to me will be contingent upon successful completion of criminal clearance, physical examination, and verification of Educational credentials and assurance of a current PA Driver's License.

I understand that employment at JRS continues as long as the employee and JRS both wish to continue. I understand that, if I am hired by JRS, either I or JRS can end employment at anytime for any or no reason.

Signature _____ Date: _____

Jewish Residential Services
4905 Fifth Avenue, Suite #3
Pittsburgh, PA 15213-2953

Howard Levin Clubhouse
c/o Jessica Feldman
2621 Murray Avenue
Pittsburgh, PA 15217
jfeldman@jrspgh.org

Leonard Staisey House
Supportive Living Program
c/o Marty Brown
2021 Wendover Street
Pittsburgh, PA 15217
mbrown@jrspgh.org

Jewish Residential Services, Inc.

Employment Confirmation Form

Applicant Name: _____ Social Security # _____ - _____ - _____
 Telephone # (____) _____ - _____ Cell/alternate# (____) _____ - _____ Email address _____

I, _____ hereby give Jewish Residential Services, Inc. the authorization to contact the following employers, reference sources, educational institutions to verify my credentials.

NAMES, ADDRESSES, TELEPHONE #	DATES Attended	SALARY/ DEGREE	REASON FOR LEAVING	VERIFICATION (for JRS use only)	COMMENTS (for JRS use only)
University/college Address: Phone/Fax	From To	Date Graduated			
Reference (1)					
Reference (2)					
Personal Reference (if applicable)					

Completed by: _____

Date: _____