

# Jewish Residential Services, Inc.

## 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 \_\_\_\_\_

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Employer: \_\_\_\_\_ From: \_\_\_\_\_  
Address: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Position Held: \_\_\_\_\_  FT  PT  
Salary/Wage: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Duties: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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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 \_\_\_\_\_

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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 Inc.  
4905 Fifth Avenue, Suite #3  
Pittsburgh, PA 15213-2953*

*Howard Levin Clubhouse  
c/o Jessica Feldman  
2621 Murray Avenue  
Pittsburgh, PA 15217  
412-422-1850*

*Leonard Staisey House  
Supported Living Program  
c/o Marty Brown, Audra Thomas  
2021 Wendover Street  
Pittsburgh, PA 15217  
412-422-6720*

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)					

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_