

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



We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex, religion, national origin, disability (mental or physical) or pregnancy that does not prevent performance of essential job functions, with or without reasonable accommodation.

PERSONAL

Last Name		First	Middle	Date
Street Address				Home Phone
City, State, Zip				Cell Phone
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Month and Year _____ Location _____				Email Address
Position Desired _____				Pay Expectation _____
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work _____				Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Proof of citizenship or immigration status will be required upon employment				When will you be available to begin work?
Other job related special training skills (languages, machine operation, etc.)				
How did you learn of our Agency?				

EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE , DIPLOMA, OR CERTIFICATION
COLLEGE				<input type="checkbox"/> Yes <input type="checkbox"/> No	
HIGH SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
ELEMENTARY				<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER				<input type="checkbox"/> Yes <input type="checkbox"/> No	

AUTOMOBILE DRIVER'S LICENSE INFORMATION

Driver's License No.	Expiration Date:
Insurance Company	Policy No.

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

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We may contact the employers listed above unless you indicate those you do not want us to contact.	<u>DO NOT CONTACT</u>
	Employer: _____ Reason: _____ _____

JEWISH FAMILY SERVICE OF TIDEWATER, INC.

EMPLOYMENT INTERVIEW

I understand that employment interviews are an extension of the written application and an integral 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

Signature of Interviewer

Date



Jewish Family Service of Tidewater, Inc.
260 Grayson Road
Virginia Beach, VA 23462
(757) 489-3111 or 321-2222

EMPLOYMENT VERIFICATION

To Be Completed by Applicant:

Name: _____ Social Security # _____

Name/Address of Previous Employer: _____

Telephone Number: _____ Fax Number: _____ Position: _____

Employed From: _____ To: _____ Supervisor: _____

I have applied to Jewish Family Service for employment. I hereby authorize the above employer to release all and any information to Jewish Family Service, as necessary, to verify my qualifications for the position for which I have applied.

Signature of Applicant

Date

To Be Completed By Previous Employer:

Please complete the following information and make any comments you feel would be helpful in evaluating the above applicant. The information will be kept in strict confidence.

Is the above information correct? Yes No

If no, please explain: _____

Why did the applicant leave your employment? _____

Is applicant eligible for rehire? Yes No

If no, please explain: _____

Health during employment: Good _____ Fair _____ Poor _____

Attendance record: Good _____ Fair _____ Poor _____

Please check the spaces which best describe the applicant:

	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: _____ Position _____



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Dependability				

Comments: _____

Signature: _____ Position _____

FOR EMPLOYER USE ONLY

REFERENCE CHECK			
EMPLOYER	PERSON CONTACTED	DATE	RESULTS

DATE	INTERVIEWER NAME AND COMMENTS