



## Employment Application

Jewish Family Services is an equal opportunity/affirmative action employer. NYS Law prohibits discrimination because of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status, domestic violence victim status, carrier status, gender identity or prior conviction records, or prior arrests, youthful offender adjudications, or sealed records unless based upon a bona fide occupational qualification or other exception. If you are a person with a disability and wish to request that a reasonable accommodation be provided for you to participate in a job interview, please contact: Chief Administrative Officer at 585-461-0110 ext. 1280.

### Personal Information:

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Do you have a legal right to work in the United States?  Yes  No  
*If hired, you will be required to present proof of employment eligibility in the United States*  
 Are there any workplace accommodations that would assure better job placement and/or enable you to perform your job to your maximum capability?  Yes  No  
 If yes, please explain: \_\_\_\_\_

Have you ever been charged or convicted of a crime?  Yes  No

If yes, please note a charge/conviction does not automatically mean you cannot be employed. Indicate what you were charged/convicted of, and how long ago.  
 \_\_\_\_\_

Do you have any pending criminal charges against you?  Yes  No  
 If ye, please explain: \_\_\_\_\_

### Educational History and Training:

Type of School	Name of School	City/State	Did you Graduate	Degree	Area of Study
High School					
College/Univ					
Graduate School					

If you did not receive a high school diploma, did you receive a GED?  Yes  No  
 If yes, when did you receive your GED? \_\_\_\_\_

Relevant Licenses: \_\_\_\_\_



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**Employment Preference:**

Position: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Date Available \_\_\_\_\_

Have you ever worked for JFS?  Yes  No

If yes, when and in what position? \_\_\_\_\_

**Employment History - Please list employment history beginning with most recent employer.**

**Company Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Position(s)	Start Date	End Date	Salary	Immediate Supervisor

Job Duties \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact?  Yes  No

**Company Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Position(s)	Start Date	End Date	Salary	Immediate Supervisor

Job Duties \_\_\_\_\_



## Employment Application

### References

Please list three references below.

#### Personal Reference #1

Name:

\_\_\_\_\_

Last

First

MI

Relationship \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ How many years have you known? \_\_\_\_\_

#### Personal Reference #2

Name:

\_\_\_\_\_

Last

First

MI

Relationship \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ How many years have you known? \_\_\_\_\_

#### Personal Reference #3

Name:

\_\_\_\_\_

Last

First

MI

Relationship \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ How many years have you known? \_\_\_\_\_

### Please read and sign below.

I certify that my answers to the questions contained in this application and any other employment documents are both complete and correct to the best of my knowledge and belief. I understand that any omission or falsification of any answer is grounds for termination or denial of employment. I authorize all past employers and references listed on my application to give any and all information concerning my previous employment and qualifications and any pertinent information they may have. I release all parties from all liability for any damage, which may result from furnishing this information. If hired, I agree to conform to the policies and procedures of Jewish Family Service and understand my employment and compensation can be terminated with or without cause, at any time at the option either the agency or myself. I further understand that no representative of Jewish Family Service other than the Executive Director has any authority to enter into any agreement for employment for any specified period or to take any agreement contrary to the foregoing.

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