

Memphis Jewish Home and Rehabilitation Center

EMPLOYMENT APPLICATION

Name: _____ Home Phone: () _____
Last First Middle

Present Address: _____
Number Street City State Zip Code

Do you have the legal right to be employed in the United States? Yes No

Are you 18 years of age? Yes No If your answer is "No," please give birth date _____

Have you ever been convicted of a misdemeanor? Yes No

Have you ever been convicted of a felony? Yes No

If yes, state the offense, location, date and disposition of each misdemeanor and or felony. _____

**A conviction record will not necessarily be a bar to employment. This information will be used only for job related purposes and only to the extent permitted by applicable law.*

EMPLOYMENT DESIRED

How did you hear about the position at MJHRC? _____

Position applying for: _____ Salary Required: \$ _____

Are you available: full-time part-time? Please specify days and hours available: _____

Date Available to Start ___/___/___

Have you ever applied for and been denied a position at MJH? Yes No

Have you ever worked for MJHRC? Yes No If your answer is "Yes," please indicate dates of employment _____
_____ and position _____

Have you ever worked as a contractor at MJHRC? Yes No If your answer is "Yes," please indicate name of agency _____
_____ and approximate dates _____

Are you now or do you expect to be engaged in any other business or employment? Yes No

Are you willing to work overtime as necessary? Yes No Are you presently employed? Yes No

If you worked in any of your previous positions under another name, please give that name. _____

EDUCATION

NAME, ADDRESS & LOCATION	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?	MAJOR FIELD OF STUDY
High School:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
College:		Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree Earned:
Trade School:		Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree Earned:

If you did not graduate, why did you leave high school or college? _____

Are you planning to pursue further studies? Yes No If so, when, where and what courses? _____

List and describe any specialized training that you believe relevant to the position for which you are applying. _____

List memberships in any job related professional organizations. _____

WORK HISTORY

List names of employers in consecutive order with **present or last employer listed first**. Account for all periods of time including military service and **any periods of unemployment**. If self-employed, give firm name and supply business references. PLEASE GIVE MONTH AND YEAR OF EMPLOYMENT. (Present Employer will not be contacted until offer of employment has been accepted.)

NAME OF EMPLOYER: _____ ADDRESS: _____ _____	SUPERVISOR: NAME: _____ TITLE: _____	DATES EMPLOYED FROM: ____/____/____ Month/Year TO: ____/____/____ Month/Year	PAY RATE \$ _____
TELEPHONE NUMBER, INCLUDING AREA CODE () - _____			
NATURE OF BUSINESS: _____	YOUR JOB TITLE: _____	YOUR JOB DUTIES: _____	
REASON FOR LEAVING: _____			
ARE YOU ELIGIBLE FOR REHIRE? Yes <input type="checkbox"/> No <input type="checkbox"/>			

NAME OF EMPLOYER: _____ ADDRESS: _____ _____	SUPERVISOR: NAME: TITLE:	DATES EMPLOYED FROM: ____/____/____ Month/Year TO: ____/____/____ Month/Year	PAY RATE \$ _____
TELEPHONE NUMBER, INCLUDING AREA CODE () -			
NATURE OF BUSINESS:	YOUR JOB TITLE:	YOUR JOB DUTIES:	
REASON FOR LEAVING:			
ARE YOU ELIGIBLE FOR REHIRE? Yes <input type="checkbox"/> No <input type="checkbox"/>			
NAME OF EMPLOYER: _____ ADDRESS: _____ _____	SUPERVISOR: NAME: TITLE:	DATES EMPLOYED FROM: ____/____/____ Month/Year TO: ____/____/____ Month/Year	PAY RATE \$ _____
TELEPHONE NUMBER, INCLUDING AREA CODE () -			
NATURE OF BUSINESS:	YOUR JOB TITLE:	YOUR JOB DUTIES:	
REASON FOR LEAVING:			
ARE YOU ELIGIBLE FOR REHIRE? Yes <input type="checkbox"/> No <input type="checkbox"/>			
NAME OF EMPLOYER: _____ ADDRESS: _____ _____	SUPERVISOR: NAME: TITLE:	DATES EMPLOYED FROM: ____/____/____ Month/Year TO: ____/____/____ Month/Year	PAY RATE \$ _____
TELEPHONE NUMBER, INCLUDING AREA CODE () -			
NATURE OF BUSINESS:	YOUR JOB TITLE:	YOUR JOB DUTIES:	
REASON FOR LEAVING:			
ARE YOU ELIGIBLE FOR REHIRE? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Please list additional employers on separate sheet and attach to application.

Emergency Contact Name and Phone Number: _____

Use the space below to describe why you are interested in working for Memphis Jewish Home and to list those skills and abilities which you feel particularly qualify you for a position with us. If you need more space, please continue on a separate sheet.

Have you ever been involuntarily terminated (fired, laid off, etc.) from employment with an employer? Yes No
If so, explain: _____

Memphis Jewish Home and Rehabilitation Center is an equal opportunity employer and considers all qualified applicants for employment without regard to race, color, sex, religion, national origin, age, citizenship status, disability, or veteran status in accordance with federal, state and local laws. No question on this application is intended to secure information to be used in a discriminatory way.

PRE-EMPLOYMENT STATEMENT

Please read very carefully before signing below

I understand and voluntarily agree that:

- 1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from Memphis Jewish Home and Rehabilitation Center's employ.**
- 2. This application will be given every consideration, but our receipt of it does not imply that the applicant will be employed. Any offer of employment I may receive from Memphis Jewish Home and Rehabilitation Center is contingent upon my successful completion of the total pre-employment screening process, including MJHRC receiving references that it considers satisfactory, and my satisfactory completion of any post-job offer pre-employment physical examination that the Home may require.**
- 3. In processing my application for employment, MJHRC may verify all the information provided by me.**
- 4. I understand that as a condition of employment, I will be required to undergo and successfully pass a screening for alcohol and/or drugs and a criminal background investigation. I also understand and agree that, if employed, I may be required to submit to screens for the illegal use of drugs and testing for alcohol.**
- 5. I authorize and request that all of my present and former employers furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, and I hereby releasing them from any and all liability for damages arising from furnishing the requested information.**
- 6. In consideration of my employment should I become employed, I agree to comply with the policies, rules, regulations, and procedures of MJHRC and understand that my employment is AT-WILL and can be terminated with or without cause or notice, at any time, at the option of either MJHRC or me. I further understand that no manager or representative of MJHRC, other than the Executive Director, has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to any MJHRC policy. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and the Executive Director.**

SIGNATURE

DATE

SOCIAL SECURITY NUMBER