

**PLEASE NOTE: OFFERS OF EMPLOYMENT FOR CERTAIN POSITIONS ARE CONTINGENT UPON THE SUCCESSFUL COMPLETION OF A LIVESCAN.**

## APPLICATION FOR EMPLOYMENT

**KEHILLAT ISRAEL RECONSTRUCTIONIST CONGREGATION** is an equal opportunity employer. Applicants are considered on the basis of skills, experience and qualifications without regard to race, color, sex, religious belief (including religious dress and grooming practices), sexual orientation, gender identity, gender expression, age (people over 40), national origin, ancestry, marital status, genetic characteristics, medical condition, mental or physical disability, pregnancy (including breastfeeding, childbirth or related medical conditions), military status (active or reserve, including the National Guard), veteran or qualified disabled veteran status, or any other characteristic protected by state or federal law.

**Please Print Clearly**

**GENERAL INFORMATION**

DATE: \_\_\_\_\_

FULL NAME:

\_\_\_\_\_  
 LAST FIRST MIDDLE

\_\_\_\_\_  
 FORMER NAMES USED (LAST) FIRST MIDDLE

\_\_\_\_\_  
 ADDRESS (PRESENT) NUMBER AND STREET CITY STATE ZIP

\_\_\_\_\_  
 PHONE NUMBER (HOME) / PHONE NUMBER (CELL) / PERSONAL EMAIL ADDRESS

If you are under the age of 18, can you provide a work permit?  Yes  No

**POSITION INFORMATION**

Position(s) desired \_\_\_\_\_ Starting Salary Desired \$ \_\_\_\_\_

Describe any training or specialized experience related to our business or to the position you are applying for:

\_\_\_\_\_  
 \_\_\_\_\_

Shift preference:  1st  2nd  3rd  Weekend  Any

Are you available to work:  Full Time  Part Time Specify days and hours if part-time: \_\_\_\_\_

Are you currently employed?  Yes  No How were you referred to our Organization? \_\_\_\_\_

Have you worked for us before?  Yes  No If yes, when? \_\_\_\_\_ Position? \_\_\_\_\_

Names and relationships of any friends or relatives employed by our Organization: \_\_\_\_\_

In accordance with the Federal Immigration Reform Act of 1986, if you are employed by our Organization, you will be asked to provide documentation that verifies your legal right to work in the United States of America. If you are unable to provide acceptable documentation, the Organization cannot legally employ you. Can you provide such documentation?  Yes  No

**IMPORTANT! Any applicant whose job site is within the City of San Francisco or who now lives or will work in the State of Massachusetts should NOT check the Yes/No boxes or answer the questions below regarding the applicant's criminal history.**

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Convictions for misdemeanor marijuana-related offenses that are more than two years old need not be listed.  Yes  No

If yes, on the back of this page, please state the nature of the crime(s), when and where convicted and disposition of the case. Sign and date your statement.

*(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered. Any information regarding criminal history will be maintained confidentially.)*

**EDUCATIONAL BACKGROUND**

Type of School	Name, City and State	How Many Years Attended	Graduated	Area of Specialization Degree/Certificate Awarded
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business or Trade			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

If no degree, list courses/subjects in which you did your best work: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PRIOR WORK HISTORY**

*Please provide complete information. Begin with your most recent employer. Account for all time for the past seven (7) years. May we contact the employers listed below? \_\_\_\_\_ If not, please note any that you do NOT wish us to contact.*

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Dates employed: (Mo./Yr.) From: \_\_\_\_\_ To: \_\_\_\_\_ Base rate of pay: \$ \_\_\_\_\_ per \_\_\_\_\_

List jobs you held, job duties performed, advancements or promotions, skills used or learned: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name and title of supervisor: \_\_\_\_\_ Reason for leaving (be specific): \_\_\_\_\_  
 \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Dates employed: (Mo./Yr.) From: \_\_\_\_\_ To: \_\_\_\_\_ Base rate of pay: \$ \_\_\_\_\_ per \_\_\_\_\_

List jobs you held, job duties performed, advancements or promotions, skills used or learned: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name and title of supervisor: \_\_\_\_\_ Reason for leaving (be specific): \_\_\_\_\_  
 \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Dates employed: (Mo./Yr.) From: \_\_\_\_\_ To: \_\_\_\_\_ Base rate of pay: \$ \_\_\_\_\_ per \_\_\_\_\_

List jobs you held, job duties performed, advancements or promotions, skills used or learned: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and title of supervisor: \_\_\_\_\_ Reason for leaving (be specific): \_\_\_\_\_

\_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Dates employed: (Mo./Yr.) From: \_\_\_\_\_ To: \_\_\_\_\_ Base rate of pay: \$ \_\_\_\_\_ per \_\_\_\_\_

List jobs you held, job duties performed, advancements or promotions, skills used or learned: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and title of supervisor: \_\_\_\_\_ Reason for leaving (be specific): \_\_\_\_\_

\_\_\_\_\_

Occasionally the form, or an application blank, makes it difficult for an individual to adequately summarize his complete background. To assist us in finding the proper position for you in our Organization, use the space below to summarize any additional information necessary to describe your full qualifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WORK AVAILABILITY**

1. Are you able to work overtime?  Yes  No
2. Are you able to work overtime without notice?  Yes  No
3. Are you able to work weekends?  Yes  No
4. Are you able to travel if required?  Yes  No

**REFERENCES**

Give names of three or four persons, not relatives, who know you and who can provide information regarding your work-related capabilities.

Name	Relationship to You	Phone Number
1.		
2.		
3.		
4.		

**THE FOLLOWING POINTS ARE VERY IMPORTANT. PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION.**

All statements I have made in this application or furnished to the Organization in the form of a resume or other documents have been completed by me, and all information is true and complete to the best of my knowledge. I understand that any false representations, misrepresentations or misleading statements made by me in this application, in my resume, in my interviews or in connection with my physical condition and medical examination will be grounds for the rejection of this application or for my dismissal from employment, regardless of the time elapsed before discovery.

I understand that **KEHILLAT ISRAEL RECONSTRUCTIONIST CONGREGATION** may contact my previous employers and I authorize those employers to disclose to the Organization all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against **KEHILLAT ISRAEL RECONSTRUCTIONIST CONGREGATION** and my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Organization, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the Organization with any pertinent information they may have regarding me.

I understand that, if I am hired, such hiring will not be for any definite period of time even though my wage or salary is stated in terms of a specific period of time. If I am hired, I understand that I am free to resign at any time, with or without cause, and with or without prior notice, and that the Organization has the same right to terminate or change my employment relationship at any time, with or without cause or notice. I understand that no manager, supervisor, or representative of the Organization is authorized to make any assurances to the contrary, except with the written permission of the President of **KEHILLAT ISRAEL RECONSTRUCTIONIST CONGREGATION**.

I understand that all offers of employment are contingent upon my successful completion of the required post-offer drug and alcohol screening. This will be performed at the Organization-designated medical facility and at the Organization's expense. I further understand that if the screening results are not acceptable, the employment offer will be withdrawn. I also understand that the Organization policy prohibits the use, sale, possession of illegal drugs or non-prescribed controlled substances, as well as alcohol, while on Organization time and that, if I am employed by **KEHILLAT ISRAEL RECONSTRUCTIONIST CONGREGATION** such activity will result in immediate termination of my employment.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE AND AGREE TO EACH AND ALL OF THESE STATEMENTS AND VOLUNTARILY SIGN THIS APPLICATION BELOW.

**I understand this application is current for only 60 days. At the conclusion of that time, I will complete another application if I wish to be considered for other employment opportunities with KEHILLAT ISRAEL RECONSTRUCTIONIST CONGREGATION.**

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

Dated: \_\_\_\_\_

*\*NOTE: The Provisions of the Fair Credit Reporting Act may be applicable if a credit report on the applicant is obtained and considered.*