

Date: _____

APPLICATION MUST BE COMPLETED IN FULL EVEN IF ATTACHING A RESUME

Name:			
Last Name	First Name	Middle Initial	Social Security # <input style="width: 100px;" type="text"/>
Present Address:			
Street	City	State	Zip
Telephone Numbers:			
Home	Cell	Email	
<i>Position Desired?</i>			
<i>How were you referred?</i>			
<i>If referred by employee, please list name.</i>			
<i>Have you ever worked for CJE SeniorLife or Council for Jewish Elderly?</i>			
<input type="checkbox"/> Yes	<i>If yes, what facility and approximately when?</i>	Facility:	Date:
<input type="checkbox"/> No			
<i>Have you ever applied to this agency or its facilities before?</i>			
<input type="checkbox"/> Yes		Facility:	Date:
<input type="checkbox"/> No			

GENERAL INFORMATION

Are you legally eligible to work in the United States?

Yes
 No
 I require sponsorship

Please send us your application via:

Fax: 773.508.4766

Mail: Human Resources, 3003 West Touhy Avenue, Chicago, Illinois 60645

or scan us a copy at jobs@cje.net

Signature

Date:

WORK AVAILABILITY

I am available and desire to work: Full-Time Part-Time

Note: Work schedules are based upon the needs of the business and may be subject to change on a weekly basis.

Hours of Availability:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start:	Start:	Start:	Start:	Start:	Start:	Start:
End:	End:	End:	End:	End:	End:	End:

Salary Desired:

Date Available:

\$ to \$

ATTENDANCE AND PUNCTUALITY INFORMATION

Attendance and punctuality are essential requirements of every job with this agency. Is there anything that would interfere with your regular attendance and punctuality if you are offered a job with CJE SeniorLife?

Yes No

If yes, please explain:

EDUCATION

Type of School	Name and Address of School	Major or Subject	Last Year Attended	Graduated	Degree/Certificate Earned
High School			9 10 11 12	Yes No	
College			1 2 3 4	Yes No	
College			1 2 3 4	Yes No	
Graduate School			1 2 3 4	Yes No	
Business / Trade / Other			1 2 3 4	Yes No	

EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYMENT (1) AND CONTINUE WITH PAST EMPLOYMENT.

1 Dates of employment:

From:
To:

Salary /Wages:

Starting: \$
Ending: \$

Employer Name:
Position Held:

Employer Address:

Street City State Zip

Name and Title of Immediate Supervisor Immediate Supervisor's Telephone May we contact them?
 Yes No

Briefly Describe Your Duties Reason for Leaving

2 Dates of employment:

From:
To:

Salary /Wages:

Starting: \$
Ending: \$

Employer Name:
Position Held:

Employer Address:

Street City State Zip

Name and Title of Immediate Supervisor Immediate Supervisor's Telephone May we contact them?
 Yes No

Briefly Describe Your Duties Reason for Leaving

3 Dates of employment:

From:
To:

Salary /Wages:

Starting: \$
Ending: \$

Employer Name:
Position Held:

Employer Address:

Street City State Zip

Name and Title of Immediate Supervisor Immediate Supervisor's Telephone May we contact them?
 Yes No

Briefly Describe Your Duties Reason for Leaving

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

1. List any other experience, skills or qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment. **Do not include political or religious organizations.**

2. Please indicate any prior military service that you would like considered in connection with your application for employment.

3. If you speak, read or write any foreign language(s), please indicate which language(s) and your degree of proficiency:

BUSINESS/PROFESSIONAL REFERENCES

Do not list friends or relatives

1 Name:	Occupation:	Title:
Phone Number:	E-mail Address:	Relationship:
2 Name:	Occupation:	Title:
Phone Number:	E-mail Address:	Relationship:
3 Name:	Occupation:	Title:
Phone Number:	E-mail Address:	Relationship:

IMPORTANT--Please read before signing.--IMPORTANT

I certify the facts contained in this application are true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts requested in this application may be grounds for rejection or dismissal from employment if discovered later.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of CJE SeniorLife to afford equal opportunity to all employees and applicants for employment without regard to race, color, sex, religion, creed, national origin, ancestry, age, disability, marital status, sexual orientation or gender identity, unfavorable discharge from military service, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and any other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

In connection with my application for employment, I understand and agree that background inquiries may be requested by you or on your behalf that will seek information as to my character, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Furthermore, I understand and agree that you may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background, and other past experiences.

If hired, I agree to abide by all CJE SeniorLife rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either CJE SeniorLife or me, except to the extent otherwise required by any applicable collective bargaining agreement. I further understand that no representation, whether oral or written by any representative or agent of CJE SeniorLife, at any time, can constitute a contract of employment. I understand that CJE SeniorLife shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of CJE SeniorLife, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant Signature:

Date:

Verification of Employment

To:

From: Human Resources
CJE SeniorLife
Fax : (773) 508-4766

Applicant, please fill in gray areas only.

First Name: 	Last Name: 	Social Security #
Has applied for a _____ position with our Agency and has stated that he/she was employed by you _____ to _____		

Please complete and return at your earliest convenience. This information will be held in strict confidence. Thank you.

Date of Employment: _____ Position held: _____

Date of Termination: _____ Reason for Termination: _____

Would you re-employ? Yes No

IF NO, WHY NOT? _____

	Excellent	Good	Adequate	Poor	Comments
Technical/Clinical Skills					
Organizational Skills					
Communication Skills					
Initiative					
Follow Through					
Cooperation					
Ability to follow Instructions					
Attendance					

Additional Remarks: _____

SIGNED: _____ PRINTED NAME: _____

Can we contact you for additional information by phone? YES NO PHONE: _____

I hereby grant permission to my current and/or past employer(s) to release the information requested on this form.

Applicant Signature:

Date: