

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:

Invitation to Self-Identify

This company is subject to Executive Order 11246, as amended, which requires Federal contractors to ensure that applicants are employed and that employees are treated during employment without regard to their race, color, religion, sex, sexual orientation, gender identity, or national origin. We are therefore requesting information about race and gender in order to comply with government reporting requirements and in order to ensure equal employment opportunity.

Submission of this information is voluntary and will be kept confidential. Refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with Federal affirmative action regulations.

Name: _____ Date: _____

Position: _____

MALE FEMALE I CHOOSE NOT TO SELF-IDENTIFY

WHITE (not Hispanic or Latino) BLACK or AFRICAN AMERICAN (not Hispanic or Latino)

HISPANIC OR LATINO ASIAN (not Hispanic or Latino)

AMERICAN INDIAN/ALASKA NATIVE (not Hispanic or Latino)

NATIVE HAWAIIAN or PACIFIC ISLANDER (not Hispanic or Latino)

TWO or MORE RACES (not Hispanic or Latino)

I CHOOSE NOT TO SELF-IDENTIFY

This company is also subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, [38 U.S.C. 4212](#) (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment veterans in the following classifications:

- A “disabled veteran” is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to [Executive Order 12985](#).

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.