

An Equal Opportunity Employer
www.cje.net

APPLICATION MUST BE COMPLETED IN FULL EVEN IF ATTACHING A RESUME

If you are interested in working for CJE SeniorLife, please take a look at the jobs posted on our website, www.cje.net/about-us/working-cje and apply directly online. An alternative would be to complete this application and fax it to 773-508-4766, email it to jobs@cje.net or drop it off at one of our main locations. Please contact us if you need an accommodation due to disability.

Horwich Building	773-508-1100	3003 West Touhy Ave., Chicago, Illinois 60645
Lieberman Center	847-929-3320	9700 Gross Point Road, Skokie, Illinois 60076
Weinberg Community	847-374-0500	1551 Lake Cook Road, Deerfield, Illinois 60015

Date: _____

Last Name: _____ First Name: _____ M.I.: _____

Street: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ E-mail: _____

Position Desired? : _____ Location Desired? : _____

How were you referred? : _____ If referred by CJE staff, please name: _____

Have you ever worked for CJE SeniorLife or the Council for Jewish Elderly? Yes No

Facility: _____ Dates: _____ to _____

Are you legally eligible to work in the United States? Yes No I require sponsorship

WORK AVAILABILITY

Hours of Availability:

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

I am available to start working on (date) _____ Full-Time Part-Time Flex hours

Salary Range Desired: \$ _____ to \$ _____

EDUCATION

Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.

Institution	Name and State	Major / Subject	Graduated	Degree / Certification Earned
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

1 List any other certifications, experiences, 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 List computer software/social media skills and your degree of proficiency.

3 List any other language(s) and your degree of proficiency (speaking, reading and writing).

EMPLOYMENT HISTORY

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

1 Dates of employment: From: _____ to _____

Employer Name: _____ May we contact them?
 Yes No

Position Held: _____

Employee Address: _____

Supervisor Name and Title: _____

Phone: _____ Email: _____

Briefly describe your duties

Reason for leaving _____

2 Dates of employment: From: _____ to _____

Employer Name: _____ May we contact them?
 Yes No

Position Held: _____

Employee Address: _____

Supervisor Name and Title: _____

Phone: _____ Email: _____

Briefly describe your duties

Reason for leaving _____

EMPLOYMENT HISTORY

3 Dates of employment: From: _____ to _____

Employer Name: _____ May we contact them?

Position Held: _____ Yes No

Employee Address: _____

Supervisor Name and Title: _____

Phone: _____ Email: _____

Briefly describe your duties

_____	_____
_____	_____
_____	_____
_____	_____

Reason for leaving _____

4 Dates of employment: From: _____ to _____

Employer Name: _____ May we contact them?

Position Held: _____ Yes No

Employee Address: _____

Supervisor Name and Title: _____

Phone: _____ Email: _____

Briefly describe your duties

_____	_____
_____	_____
_____	_____
_____	_____

Reason for leaving _____

EMPLOYMENT HISTORY

5 Dates of employment: From: _____ to _____

Employer Name: _____ May we contact them?
 Yes No

Position Held: _____

Employee Address: _____

Supervisor Name and Title: _____

Phone: _____ Email: _____

Briefly describe your duties

_____	_____
_____	_____
_____	_____
_____	_____

Reason for leaving _____

6 Dates of employment: From: _____ to _____

Employer Name: _____ May we contact them?
 Yes No

Position Held: _____

Employee Address: _____

Supervisor Name and Title: _____

Phone: _____ Email: _____

Briefly describe your duties

_____	_____
_____	_____
_____	_____
_____	_____

Reason for leaving _____

BUSINESS/PROFESSIONAL REFERENCES

DO NOT LIST FRIENDS OR RELATIVES

1. Reference

Name: _____	Title: _____
Relationship: _____	Years known: _____
Phone: _____	Email: _____

2. Reference

Name: _____	Title: _____
Relationship: _____	Years known: _____
Phone: _____	Email: _____

3. Reference

Name: _____	Title: _____
Relationship: _____	Years known: _____
Phone: _____	Email: _____

4. Reference

Name: _____	Title: _____
Relationship: _____	Years known: _____
Phone: _____	Email: _____

NOTIFICATION AND AGREEMENT

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, genetic information, citizenship, 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

APPLICANT – Please just sign and date the bottom of this page.

To: _____ **From:** CJE SeniorLife Human Resources
 Please fax to _____

Applicant Name: _____
 has applied for a _____ position with our Agency
 and has stated that the applicant was employed by you from _____ to _____ .

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

Date of Hire: _____ 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: _____
 May we call you for additional information? YES NO PHONE: _____

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

 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
Page 2 of 2

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.