

Employment Application

PLEASE INDICATE LOCATION FOR WHICH YOU ARE APPLYING:

<input type="checkbox"/> JEWISH HOME LIFE COMMUNITIES (ADMIN) <input type="checkbox"/> BERMAN COMMONS <input type="checkbox"/> THE ONE GROUP	<input type="checkbox"/> THE WILLIAM BREMAN JEWISH HOME <input type="checkbox"/> THE COHEN HOME <input type="checkbox"/> WEINSTEIN HOSPICE	<input type="checkbox"/> JHLC MEDICAL SVCS. <input type="checkbox"/> THE ZABAN TOWER
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We offer equal employment opportunities to qualified applicants for employment without regard to race, color, sex, religion, national origin, age, disability, genetic information, or any other legally protected classification.

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	Zip	
Phone	E-mail		
Date Available	Type of Position Desired: Full Time ___ Part Time ___ PRN ___		
Position Applied for:		How did you hear of this position?	
Shift(s) for which applying: Day ___ Evening ___ Night ___		Available to Work: Weekends ___ Holidays ___	
Are you legally authorized to work? in the United States		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for any JHLC entity?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, where, when and position?

EDUCATION

High School	Address		
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>			Degree
College	Address		
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>			Degree
Other	Address		
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>			Degree
Other	Address		
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>			Degree

LICENSURE OR CERTIFICATIONS

Georgia License or Registration Number (RN, LPN, LCSW, etc.): _____
 Certification (CNA, etc.): _____
 OTHER: _____

PREVIOUS EMPLOYMENT

Please list all employment during the last fifteen (15) years, beginning with your present or most recent position.

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Please add other past employers with above format on a separate sheet of paper.

State additional information you feel may be helpful in considering your application: _____

ACKNOWLEDGEMENT

PLEASE READ CAREFULLY

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I authorize the Jewish Home Life Communities and its entities and/or any agent or representative of Jewish Home Life Communities and its entities to investigate and verify all statements contained in this application and any resume or similar documentation that I may submit during the hiring process. I authorize my former schools, employers, supervisors and references to disclose information about my education, employment, character, work performance, and general reputation. I hereby release the Jewish Home Life Communities and its entities, and any of my schools, employers, supervisors and references from any/all claims, liabilities or demands of any kind arising out of or related to Jewish Home Life Communities and its entities' investigation or any disclosures made during such investigation.

I understand that any false statement, omission, or misrepresentation on this application or contained in any resume or similar documentation that I may submit during the hiring process is sufficient cause for refusal to hire, or termination if I have been employed, no matter when discovered by Jewish Home Life Communities and its entities. I understand and agree that nothing contained in this application, or conveyed in any interview, is intended to create an employment contract. I further understand that if I am hired, my employment will be at will and without prior notice, at the option of either myself or Jewish Home Life Communities and its entities. I agree that should an employment offer be extended to me and accepted, I will fully adhere to the policies, rules and regulations of employment of the Jewish Home Life Communities and its entities. Jewish Home Life Communities and its entities reserve the right to revise its policies, rules and regulations of employment, in whole or in part, at any time.

Additionally, I freely and voluntarily agree to submit to a urinalysis (drug screen) as part of my application for employment. I understand that either refusal to submit to a urinalysis screen or failure to qualify according to the minimum standards established by Jewish Home Life Communities for this screen may disqualify me from further consideration for employment.

I further understand that upon commencement of employment with Jewish Home Life Communities, I may again be required to submit to a random urinalysis screen. I understand that refusal to take a requested urinalysis screen or failure to meet the minimum standards set for the screen may result in immediate suspension or discharge.

Signature:	Date:
Print Name:	

ALL JEWISH HOME LIFE COMMUNITIES ARE SMOKE-FREE WORKPLACES.