



A beneficiary of the San Francisco-based Jewish Community Federation and of the Jewish Home & Senior Living Foundation.

# EMPLOYMENT APPLICATION

APPLICANT'S NAME

## MISSION STATEMENT

Enriching the quality of life of older adults.

## VISION

To become a regional resource as an integral part of a continuum of care throughout the Bay Area that provides senior adults with a variety of life enriching programs and services that are accessible, promote individual dignity, encourage independence, connect them to their community, and reflect the social, cultural, and spiritual values of Jewish tradition.

## ATTENTION ALL APPLICANTS

The Jewish Home of San Francisco is an alcohol- and drug-free workplace. All applicants who receive a *conditional offer* of employment will be required to submit to, and successfully pass, a pre-employment medical exam, functional skills test and fingerprinting / background check before they can report to work.

Applicants and employees are treated without regard to race, color, religion, gender, marital status, national origin, age, sexual orientation, veteran status, medical condition or disability, ancestry or gender identity.

Thank you for considering the Jewish Home of San Francisco as a potential employer. Our goal is to recruit, train, and retain quality team members. Please complete the application and attached documentation in full. Remember to sign all documents.

### MAIL:

Human Resources  
Jewish Home  
302 Silver Avenue  
San Francisco, CA 94112

### FAX:

415.469.2232

### E-MAIL:

jobs@jhsf.org

## FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Hire:  Yes  No Offer Letter:  Yes Work Permit:  Yes

DATE OF SANCTION CHECK

POSITION

DATE OF FINGERPRINTING

DATE OF REFERENCES

DEPARTMENT

DATE OF PHYSICAL

DATE OF ORIENTATION



## EMPLOYMENT APPLICATION

<input type="text"/>		<input type="text"/>	
TODAY'S DATE		POSITION APPLIED FOR	
<input type="text"/>		<input type="text"/>	
NAME		PRIMARY PHONE	
<input type="text"/>		<input type="text"/>	
ADDRESS		SECONDARY PHONE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY	STATE	ZIP	E-MAIL ADDRESS
<input type="text"/>		<input type="text"/>	
OTHER NAMES USED WHILE EMPLOYED		SOCIAL SECURITY NUMBER	

## GENERAL INFORMATION

YOUR MINIMUM SALARY REQUIREMENT

Please check your availability:

- Days       Evenings       Nights  
 Full-Time       Temporary       Part-Time  
 Per Diem       Holidays       Weekends  
 Overtime

Are you currently employed?  Yes  No  
 May we contact your employer?  Yes  No

Do you have any relatives who presently work or live at the Jewish Home of San Francisco?

IF YES, RELATIVE'S NAME AND RELATIONSHIP

Were you previously employed by the Jewish Home of San Francisco?  Yes  No

IF YES, REASON FOR LEAVING

IF YES, DATE AND LENGTH OF EMPLOYMENT

If employed and you are under 18, can you provide a work permit?  Yes  No

Are you able to provide work authorization upon employment?  Yes  No

Are you a veteran of the U.S. military?

Yes  No

IF YES, WHICH BRANCH

Were you honorably discharged?  Yes  No

IF NO, PLEASE EXPLAIN WHY

Have you ever been terminated or asked to resign from a previous place of employment?

Yes  No

IF YES, PLEASE STATE COMPANY AND REASONS WHY

Have you ever been convicted of a crime (misdemeanor or felony)?  Yes  No

If yes, please explain on the Criminal Record Statement form. Answering yes to this question does not necessarily disqualify you from being employed by the Jewish Home of San Francisco.



## WORK EXPERIENCE

List your employers for the past 10 years, beginning with your present or most recent job. Include military service and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, sexual orientation or national origin.

<input type="text"/>	<input type="text"/>	<input type="text"/>
EMPLOYER	EMPLOYER'S PHONE	DATE OF HIRE
<input type="text"/>		<input type="text"/>
ADDRESS		DATE OF DEPARTURE
<input type="text"/>	<input type="text"/>	<input type="text"/>
SUPERVISOR'S NAME	SUPERVISOR'S PHONE	STARTING HOURLY RATE OR SALARY
<input type="text"/>		<input type="text"/>
YOUR JOB TITLE		ENDING HOURLY RATE OR SALARY
<input type="text"/>		
REASON FOR LEAVING		
<input type="text"/>		
JOB DUTIES		

<input type="text"/>	<input type="text"/>	<input type="text"/>
EMPLOYER	EMPLOYER'S PHONE	DATE OF HIRE
<input type="text"/>		<input type="text"/>
ADDRESS		DATE OF DEPARTURE
<input type="text"/>	<input type="text"/>	<input type="text"/>
SUPERVISOR'S NAME	SUPERVISOR'S PHONE	STARTING HOURLY RATE OR SALARY
<input type="text"/>		<input type="text"/>
YOUR JOB TITLE		ENDING HOURLY RATE OR SALARY
<input type="text"/>		
REASON FOR LEAVING		
<input type="text"/>		
JOB DUTIES		

<input type="text"/>	<input type="text"/>	<input type="text"/>
EMPLOYER	EMPLOYER'S PHONE	DATE OF HIRE
<input type="text"/>		<input type="text"/>
ADDRESS		DATE OF DEPARTURE
<input type="text"/>	<input type="text"/>	<input type="text"/>
SUPERVISOR'S NAME	SUPERVISOR'S PHONE	STARTING HOURLY RATE OR SALARY
<input type="text"/>		<input type="text"/>
YOUR JOB TITLE		ENDING HOURLY RATE OR SALARY
<input type="text"/>		
REASON FOR LEAVING		
<input type="text"/>		
JOB DUTIES		



EDUCATION	HIGH SCHOOL				COLLEGE / UNIVERSITY				GRADUATE / PROFESSIONAL			
	9	10	11	12	1	2	3	4	1	2	3	4
Years completed (check)												
Diploma												
Course of Study												
Specialized Training, Apprenticeship, Skills												
Current Licenses & Expiration Dates												

**PROFESSIONALS AND TECHNICAL APPLICANTS ONLY**

Are you a member of a professional organization, club or committee?  Yes  No

IF YES, PLEASE PROVIDE THE NAME OF THE ORGANIZATION

If you are licensed, has your license ever been suspended or revoked, or are you currently involved in any proceeding that could affect your license or certification?  Yes  No

IF YES, PLEASE GIVE THE DATE, LOCATION, AND DISPOSITION OF YOUR CASE

PROFESSIONAL LICENSE #	TYPE OF LICENSE	PLACE OF ISSUE	EXPIRATION DATE

**REFERRAL SOURCE**

How did you hear about this position? Please indicate below.

<input type="text"/>	<input type="text"/>
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EMPLOYEE REFERRAL (PROVIDE NAME)

SCHOOL (PROVIDE NAME)

<input type="text"/>	<input type="text"/>
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ADVERTISEMENT (PROVIDE NAME OF PUBLICATION)

RECORDED JOB LINE (PROVIDE NAME OR NUMBER)

<input type="text"/>	<input type="text"/>
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INTERNET SITE (PROVIDE WEBSITE'S NAME)

OTHER



## APPLICANT'S STATEMENT

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH, AND SIGN BELOW.

\_\_\_\_\_ If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States. Additionally, if my position requires me to drive, I will possess a current and valid California driver's license.

\_\_\_\_\_ If I am offered employment, I understand and agree that I will be required to undergo and satisfactorily pass (prior to reporting for duty) a physical examination, alcohol and drug screening, and tuberculosis testing. I authorize release of all results or information obtained from such examinations.

\_\_\_\_\_ I acknowledge that if I am employed by the Jewish Home of San Francisco ("the Home"), I will have the right to terminate my employment at any time, with or without cause or advance notice. This at-will employment relationship shall remain in effect throughout my employment by the Home and may not be modified by any oral or implied agreement. Furthermore, the at-will nature of my employment may not be modified or abrogated by any oral or written statement(s), including performance evaluations, the granting of salary increases, bonuses or promotions, or by the length of my employment. I understand that only a written contract signed by the Home's Executive Director, Administrator and/or Human Resources Director may alter this at-will employment relationship.

\_\_\_\_\_ I certify that the information submitted in this application and any attachments is true and correct. I further certify that I have not knowingly withheld any information which might adversely affect my chances for employment, and that I, the undersigned applicant, have personally completed this application. I understand that if any misrepresentation is found or the results of the investigations are not satisfactory, any offer of employment may be withdrawn, and that if I am already employed, my employment may be terminated immediately.

\_\_\_\_\_ I specifically authorize the Home to thoroughly investigate my references, work record (including performance and discipline histories), education, licensure, criminal history, and all other matters related to my suitability for employment. I further authorize the references and prior employers I have listed to disclose to the Home any and all letters, reports, review and disciplinary materials, and other information related to my work records and performance, without providing me with prior notice of such disclosure. In addition, I hereby release the Home, my former employers, and all other persons and entities from any and all claims, demands or liabilities arising out of, or in any way related to, such investigation or disclosure, including but not limited to claims for defamation, slander, libel, negligent or fraudulent misrepresentation, and invasion of privacy.

\_\_\_\_\_ If offered employment, I will, as a condition of employment, provide my fingerprints to the Home and specifically consent to the submission of my fingerprints to the California Department of Justice in order to obtain a report of criminal convictions. Disclosure of a criminal conviction may not automatically disqualify me from employment, nor automatically require me to terminate employment.

\_\_\_\_\_ I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree that, in the event I am hired by the Home, all disputes arising out of my employment by the Home, whether during or after said employment, will be submitted to binding arbitration in accordance with the National Rules for the Resolution of Employment Disputes, as promulgated by the American Arbitration Association, and judgment on any award rendered by the arbitrator may be entered in any court having jurisdiction thereof.

\_\_\_\_\_ I understand that nothing contained in this application for employment or in the granting of an interview is intended to create an employment contract between the Home and me. I understand that no promise or guarantee regarding employment is binding on the Home unless made in writing. If an employment relationship is established, I understand that both the Home and I may terminate my employment at any time for any reason, or for no reason at all, unless otherwise agreed upon in writing by me and the Home's Executive Director or Administrator, and/or Human Resources Director.

It is our policy to hold applications on file for a limited time (60 days). Therefore, you will need to reapply after the specified period. **By signing this application, I further certify that I have read and understand everything contained in this application, including the at-will employment and arbitration provisions set forth above.**

APPLICANT'S NAME

SIGNATURE

DATE