



**JEWISH FOUNDATION
FOR GROUP HOMES**

Independence starts here.

1500 East Jefferson Street,
Rockville, MD 20852
240-283-6000

JFGH EMPLOYMENT APPLICATION

Name Date
First Name Middle Initial Last Name

Address
Street

City State Zip Code

Social Security Number Email Phone

Are you able to perform the essential functions of the position with or without accommodations? Yes No

Are you older than 18 years of age? Yes No If not, Date of Birth
MM DD YYYY

Have you ever worked for JFGH? Yes No If yes, please specify the dates

Reason for Leaving

AVAILABILITY

Total hours available to work per week Are you legally able to be employed in the U.S.? Yes No

	M	T	W	Th	F	Sa	Su
Available From							
Available To							
Available Overnights							

PUBLIC RECORD

Have you ever been convicted of, pled guilty to, or pled no contest to a crime, excluding misdemeanors and traffic violations?
Yes No If yes, please describe in full

Are you or have you ever been a sex offender registered with any federal, state or local government agency, including any listing on a public website?
Yes No

DRIVING RECORD

Do you have a valid drivers license? Yes No Drivers license For what state?

Do you have any violations on your driving record? Yes No

JFGH is an equal opportunity employer committed to a diverse workforce. In order to assist us in our effort, we invite you to voluntarily provide responses to the following request for information. Failure to respond will not subject you to adverse treatment. This form will be kept strictly confidential and will not be retained with your application. Information provided will be used only in accordance with the law and for equal opportunity purposes.

SEX
 Female
 Male

RACE/COLOR/NATIONAL ORIGIN
 Hispanic
 Black
 American Indian or Alaskan Native
 Asian or Pacific Islands
 White
 Other

EMPLOYMENT HISTORY:

Have you ever been dismissed or asked to resign by a previous employer? Yes No

Have you ever worked with people who are mentally retarded and/or developmentally disabled? Yes No

May we contact your present employer? Yes No

Company _____ Street Address _____ City _____ State _____ Zip _____
Phone Number () _____ Job _____

Supervisor _____ Dates Worked: From _____ To _____
Month/Year Month/Year

Rate of Pay _____ Reason For Leaving _____

Company _____ Street Address _____ City _____ State _____ Zip _____

Phone Number () _____ Job _____

Supervisor _____ Dates Worked: From _____ To _____
Month/Year Month/Year

Rate of Pay _____ Reason For Leaving _____

Company _____ Street Address _____ City _____ State _____ Zip _____

Phone Number () _____ Job _____

Supervisor _____ Dates Worked: From _____ To _____
Month/Year Month/Year

Rate of Pay _____ Reason For Leaving _____

Are you related to any current Jewish foundation for group homes employees? Yes No

If yes, give name(s), relationship and worksite _____

SCHOOL MOST RECENTLY ATTENDED:

Name _____ Street Address _____ City _____ State _____ Zip _____

Phone Number () _____ Last Grade Completed _____ Grade Point Average _____

Graduated Yes No Now Enrolled Yes No

I understand that if I am hired for a position with the JFGH, I will submit to an extensive background and drug test. I understand that any information that is not consistent with what I report in my employment application that I will be discharged immediately.

In connection with this request, I authorize all corporations, companies, credit agencies, educational institutions persons, courts, government, law enforcement agencies and former employees to release information that they have about me, and release them from any liability and responsibility from doing so.

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APPLICANT'S SIGNATURE _____ Date _____