



APPLICATION FOR EMPLOYMENT

Jewish Foundation for Group Homes
1500 East Jefferson Street, Rockville, MD 20852
Fax: 240.715.9139 Email: hr@jfgH.org

The Jewish Foundation for Group Homes is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

PLEASE PRINT CLEARLY

Date: _____ Position(s) applied for: _____

Date Available to start: _____ Minimum acceptable Salary: _____

Are you looking for: Full-Time Position Part-Time Position Weekday Weekend

Are you available to do sleep overnights? Yes No

PERSONAL INFORMATION

Name: _____
Last First Middle

Address: _____

_____ Street City State Zip

Phone Number: _____ Circle One: Home Cell Work

Have you filed an application with us before? Yes No

If yes, give date(s) _____ Position Sought at that time: _____

Are you over 18 years old? Yes No

Are you legally eligible for employment in the United States? Yes No

Do you have a valid Social Security Number to work in the US? Yes No
(If offered employment, you will be required to provide documentation to verify eligibility.)

DRIVING RECORD

Do you have a valid driver's license? Yes No What State? _____

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

If yes, explain: _____

RELATED THROUGH BLOOD OR MARRIAGE

Are you related to any current Jewish Foundation for Group Homes Employee(s)? Yes No

If yes, give name(s), relationship and Program: _____

EMPLOYMENT HISTORY

Have you ever worked with people who are intellectually, developmentally disabled? Yes No

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

If yes, explain: _____

Have you ever been convicted of, pled guilty, or pled no contest to a crime, excluding traffic violations and misdemeanors? Yes No If yes, please specify the dates: _____

Request for Background Information

PLEASE PRINT ALL INFORMATION CLEARLY

Last Name
First Name
Maiden Name
MI
Date of Birth
Social Security Number

HOME ADDRESS FOR THE PAST TEN YEARS

Street Address	City	State	Zip	County	MO	YR	TO	MO	YR

ENTIRE EMPLOYMENT HISTORY (INCLUDING MILITARY)

Company Name	City	State	Job Title	Supervisor	MO	YR	TO	MO	YR

EDUCATION (LIST MOST RECENT FIRST)

School Name	City	State	Degree	Graduated (yes or no)	MO	YR	TO	MO	YR

REFERENCES

Name	City	State	Telephone	How long have you know them	Relationship to you

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

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

JEWISH FOUNDATION FOR GROUP HOMES

Driver's License Number: _____

State of Issue: _____

APPLICANT'S SIGNATURE

APPLICANT'S EMAIL ADDRESS