



**JEWISH FAMILY
SERVICE OF ST. PAUL**

1633 West 7th Street, St. Paul, MN 55102
(651) 698-0767 | www.jfssp.org

Application for Employment

Jewish Family Service of St. Paul is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, ancestry, age, sex, marital status, national origin, disability, veteran status or any other protected class criteria.

Title of position you are applying for:				
Last Name:		First Name:		Middle Name:
Street Address:			City	State Zip
Cell Phone Number:	Home Phone Number:	Social Security Number:		Birthdate: _____/_____/_____
Seeking: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Date Available: _____/_____/_____	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If offered employment, you will be required to provide documentation to verify eligibility.</small>		
Email address:				

EDUCATION

Circle the last grade of school completed: 6 7 8 9 10 11 12					Languages you are fluent in other than English:				
Did you graduate from high school or receive a G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No									
College, University or Professional School (List all undergraduate and graduate work)		# of Years & or Months attended		Total No. of Credits		Degree		Major and Minor Subjects	
						Associate, Bachelor, etc.	Date received or expected		
Name	Location	Years	Months	Qtr	Sem				
Business, Correspondence, Trade, Technical, Vocational School, or Other Training		# of Years & or Months attended		Full Time	Part Time	Date Certif. Received	% Course completed	Subjects Taken	
									Hrs/wk
Name	Location	Years	Months						

PROFESSIONAL LICENSES or MEMBERSHIPS

Professional Licenses or Memberships Held:			
State of MN License No.:	License Expiration Date:	Other Professional Membership:	Membership Expiration:
State of MN License No.:	License Expiration Date:	Other Professional Membership:	Membership Expiration:

EMPLOYMENT

<p>Length of Employment</p> <p>From (mm/yyyy) _____</p> <p>To (mm/yyyy) _____</p> <p>Total _____</p> <p><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time</p> <p>_____ Hrs/week</p> <p>Starting Salary _____</p> <p>Last Salary _____</p>	<p>Name and Address of Employing Firm</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Supervisor Name/Phone</p> <p>_____</p> <p>Reason for leaving</p> <p>May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Employment Details</p> <p>Your Title: _____</p> <p>Specific Duties: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Length of Employment</p> <p>From (mm/yyyy) _____</p> <p>To (mm/yyyy) _____</p> <p>Total _____</p> <p><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time</p> <p>_____ Hrs/week</p> <p>Starting Salary _____</p> <p>Last Salary _____</p>	<p>Name and Address of Employing Firm</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Supervisor Name/Phone</p> <p>_____</p> <p>Reason for leaving</p> <p>May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Employment Details</p> <p>Your Title: _____</p> <p>Specific Duties: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Length of Employment</p> <p>From (mm/yyyy) _____</p> <p>To (mm/yyyy) _____</p> <p>Total _____</p> <p><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time</p> <p>_____ Hrs/week</p> <p>Starting Salary _____</p> <p>Last Salary _____</p>	<p>Name and Address of Employing Firm</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Supervisor Name/Phone</p> <p>_____</p> <p>Reason for leaving</p> <p>May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Employment Details</p> <p>Your Title: _____</p> <p>Specific Duties: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

PROFESSIONAL REFERENCES (please list at least 3 references)

Name:	Address:	Phone:	Relationship:
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APPLICANTS CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Jewish Family Service of St. Paul to verify their accuracy and to obtain reference information on my work performance. I hereby release Jewish Family Service of St. Paul from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that an employment offer may be subject to a background check. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause

Signature of Applicant _____

Date: _____