

Application for Employment

Jewish Family Service of St. Paul (JFS) provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

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

EDUCATION

Did you receive a GED or a high school diploma? <input type="checkbox"/> GED <input type="checkbox"/> High school diploma		Languages you are fluent in other than English:		
College, University or Professional School (List all undergraduate and graduate work)	Degree			
	Associate, Bachelor, etc.	Date received or expected		

PROFESSIONAL DEVELOPMENT OR OTHER

Title of development or other	Description of development or other	Credentials earned	Date credentials earned

PROFESSIONAL LICENSES or MEMBERSHIPS

Title of license or membership	State of MN license number	License or membership expiration date

EMPLOYMENT

Name of employer	Date of employment	Your title	Specific duties	Reason for leaving	May we contact this employer?

PROFESSIONAL REFERENCES (please provide at least 3 references)

Name	Address	Phone	Relationship

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: _____ **DATE:** _____

VOLUNTARY SELF-IDENTIFICATION FORM

Completion of this self-identification form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment.

GENDER (please check one of the options below):

Male Female Transgender I do not wish to disclose.

RACE/ETHNICITY (Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Native American or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

I do not wish to disclose.

VETERAN STATUS

If you believe you belong to any of the categories of protected veterans, please indicate by checking the appropriate box below. Please check one of the options below.

I identify as a veteran.

I do not identify as a veteran.

I do not wish to disclose.

SIGNATURE: _____ **DATE:** _____