

**The Jewish Home of Eastern PA**

1101 Vine Street

Scranton, PA 18510

Telephone: (570) 344-6177

Fax (570) 344-9610

www.jhep.org

**Application For Employment**

**Confidential**

(Please Print Clearly)

**PERSONAL INFORMATION:**

Date of Application \_\_\_\_\_ Date available \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City County State Zip Code

Local Taxing Jurisdiction \_\_\_\_\_

Have you been a resident of the State of Pennsylvania for the past two consecutive years? \_\_\_\_\_

Have you ever applied or worked at the Jewish Home before? \_\_\_\_\_ When \_\_\_\_\_

**EMPLOYMENT DESIRED:**

Type of Work Desired \_\_\_\_\_ Shift \_\_\_\_\_ Will you accept employment of  
1<sup>st</sup> Choice \_\_\_\_\_ Full Time? \_\_\_ Part Time? \_\_\_  
2<sup>nd</sup> Choice \_\_\_\_\_ Days and/hours available: \_\_\_\_\_

Are you employed now?  yes  no

May We Contact Your Present Employer?  yes  no

Are you 18 Yrs. of Age or Older?  yes  no

How did you learn of this opening ? \_\_\_\_\_

**EDUCATION:**

	Name of School	Address	Courses Taken	Completed Y/N	Diploma, Degree or Certificate Received
High School					
College					
Vocational or Business					
Professional					

**PROFESSIONAL LICENSES AND OR CERTIFICATIONS:**

Type \_\_\_\_\_ Organization or State Issued \_\_\_\_\_ Date Issued \_\_\_\_\_ Number \_\_\_\_\_  
Were you in the U.S. Armed Forces? \_\_\_\_\_ If yes, what branch? \_\_\_\_\_ Rank at Discharge \_\_\_\_\_  
Date of Duty From \_\_\_\_\_ to \_\_\_\_\_ Were you honorably discharged? \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

10/14

**EMPLOYMENT RECORD (list last or present positions first)**

Present and Former Employers	Date Employed	Salary Range	Position & Duties
Name _____ _____	From _____	Starting _____	Reason for Leaving
Address _____ _____	_____	per _____	
City/State/Zip _____ _____	to _____	to _____	Reason for Leaving
Supervisor _____ Phone _____	_____	per _____	
Former Employer	Date Employed	Salary Range	Position & Duties
Name _____ _____	From _____	Starting _____	Reason for Leaving
Address _____ _____	_____	per _____	
City/State/Zip _____ _____	to _____	to _____	Reason for Leaving
Supervisor _____ Phone _____	_____	per _____	
Former Employer	Date Employed	Salary Range	Position & Duties
Name _____ _____	From _____	Starting _____	Reason for Leaving
Address _____ _____	_____	per _____	
City/State/Zip _____ _____	to _____	to _____	Reason for Leaving
Supervisor _____ Phone _____	_____	per _____	

Do you currently use drugs?  yes  no

Have you ever been convicted of a crime?  yes  no

If yes, for what, when and where? \_\_\_\_\_

If yes, as a result of this conviction, have you been excluded from participation in the Federal Health Care Programs?  yes  no

*All applicants who are considered for hire are required to submit to a criminal history report with their application. Conviction of one or more of the crimes listed in the Older Adult Protective Services Act (a copy of the list is available in the each department) will result in a denial of employment.*

Use this space to give us further information which will assist us in placing you, including at least two (2) personal references not related to you, whom you have known for at least one (1) year.

**REFERENCES:**

Name	Address	Telephone Number	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**EMPLOYMENT UNDERSTANDING (Please read and sign below)**

The Jewish Home of Eastern PA does not discriminate in hiring or any other decision on the basis of race, color, religion, sex, national origin, age, disability, or any other characteristics protected by law. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment, educational institutions and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information.

I consent to take the physical examination and such future physical examinations as may be required by the Jewish Home at such times and places, as it shall designate. I understand that an offer of employment is contingent on me passing the physical examination which is related to the essential duties I would be required to perform.

I understand and agree that as a further condition of employment, I may be asked to submit, at no personal expense, to an examination, including drug and alcohol testing, by a physician selected by the Home, prior to being employed and at any time designated by the Home. I agree that the examining physician and or testing provider may disclose the findings of any physical to the Home or an authorized agent of the Home. I also understand that the use, possession, sale or transfer of alcohol, narcotics, hallucinogens, depressants, stimulants, marijuana or other controlled substances, may affect my eligibility for employment, since my potential employment is contingent upon, among other things, successful completion of the testing for such substances other than those prescribed by a licensed medical practitioner within appropriate dosage parameters.

I further understand that for the safety and protection of all employees, the Home reserves the right to search all of the Home’s property including any locker issued to me, and my personal property under any circumstances. I understand that my refusal to voluntarily agree to a search of my personal property may result in disciplinary action, up to and including discharge.

I consent to a criminal background check to verify employment eligibility under the Older Adults Protective Services Act. If provisional employment is offered pending the completion of a criminal background check within the guidelines of the Older Adults Protective Services Act, I understand that employment will be immediately terminated should information be obtained which disqualifies employment.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause.

If employed, I will be required to complete an Employment Verification Form (I-9) and within three (3) days, show satisfactory evidence of identity and eligibility for employment.

I understand that I must give the Home a minimum of four (4) weeks notice before terminating my employment in order to receive full pay for any unused holiday pay and accrued but unused vacation pay to the date of departure. Should I voluntarily terminate my employment at the Home for any reason whatsoever, without giving four (4) weeks notice, I hereby agree to forfeit pay owed to me for any unused holiday pay and accrued but unused vacation pay to the date of departure. A pro rata reduction shall be made in this pay to the extent that I provide less than the required four (4) weeks notice. I further understand and agree that nothing in this authorization is intended to create a contract of employment or a guarantee of employment by the Home. I agree to be legally bound hereby. This is to satisfy the requirements of the Pennsylvania Wage Payment and Collection Law.

I hereby state that all the information I gave in this employment application is true, correct and complete. I fully understand and agree that if I made any misrepresentation, omitted any fact or made any misleading answer or statement either on this application or in my interview before hiring, it will be good and sufficient reason for not being offered employment and/or discharge from the Jewish Home if I am employed irrespective as to when discovered.

**By signing this application form you are attesting that you have fully read, understood and agree to all of the above stated information**

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date