

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

Beit T'Shuvah thanks you for your time and interest in our Company as a place of employment. The Company is proud to be an Equal Opportunity Employer. All qualified applicants will receive consideration without regard to race, color, religion, gender, national origin, age, disability, Veteran status or any other status protected by law.

APPLICANT INFORMATION

Print clearly all information as requested

Name (First Name, MI, Last Name)		
Street Address	Home Phone Number	Alternate Phone Number
City, State, Zip	Email Address	
Position Applying For:	Date Available:	Salary Requirement:
Do you have the legal right to work and be employed in the US? (Proof of identity and legal authority to work in the U.S. is a condition of employment.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you at least 18 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

How were you referred to the position for which you are applying?		
Note: please do not name referral sources that would identify your race or other protected status (such as minority job fairs).		
<input type="checkbox"/> Employee Referral (Name):	<input type="checkbox"/> Medical Ad/Journal	<input type="checkbox"/> Self-referral (contacted the Company regarding employment)
<input type="checkbox"/> Job Fair (Name):	<input type="checkbox"/> Rehire/Former Intern	<input type="checkbox"/> Print/Newspaper Ad (Name):
<input type="checkbox"/> Prior Contingent Worker/Contractor	<input type="checkbox"/> Employment Website	<input type="checkbox"/> Professional Affiliation/Industry Contact (Name):
<input type="checkbox"/> Employment Agency (Name):	<input type="checkbox"/> Company Website	<input type="checkbox"/> College/University (Name):
<input type="checkbox"/> OTHER (please provide detail)		
Have you ever applied to or worked for the Company or an affiliated company before? If yes, please give date(s) and position(s) held or applied for:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any of your relatives or members of your household employed by the Company? If yes, please give name(s) and relationship(s):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a criminal offense? (Note: do not respond "yes" concerning the following: referral to diversion programs; misdemeanor marijuana-related convictions that are more than two years old; convictions for which the record has been judicially ordered sealed, expunged, or statutorily eradicated.) If yes, state nature of the offense(s), when and where convicted, and disposition of the case:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) sought may, however, be considered.)		

APPLICANT NAME _____

For all field positions, please answer the following questions: Do you have a valid drivers' license? Please list all convictions for traffic violations that remain on your driving record (state nature of violation and when and where violation occurred): (Note: No applicant will be denied employment solely on the grounds of conviction of a traffic violation. Each case is considered individually for cases requiring a valid driver's license.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been terminated or asked to resign from a position? If yes, please explain why:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not currently employed, are you eligible for rehire by your previous employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever served in the military? If yes, which branch? <input type="checkbox"/> Navy <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Reserves Please describe any special skills or qualifications that you have acquired as a result of military service that are related to the position for which you are applying:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EDUCATION

Name of School	No. of years completed	Major Course and Degree/Certificate Received	Graduated	Address or Institution (include City, State & Zip Code)
High School/Equivalent			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED Number of Years Attended: _____	
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No Number of Years Completed: _____ -	
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No Number of Years Completed: _____ -	
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No Number of Years Completed: _____ -	

APPLICANT NAME _____

Other			<input type="checkbox"/> Yes <input type="checkbox"/> No Number of Years Completed:____ -	
List publications, patents, thesis papers, etc.:				

Complete all areas indicated with details of your last three (3) employers. List your present or last employment first and continue in reverse order. You must account for all periods of employment and unemployment, including part-time employment.

EMPLOYMENT HISTORY

Company Name and Address (including City, State and Zip Code)		Dates of Employment	
		From (Month/Year):	To (Month/Year):
		Phone Number:	
		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Please notify me prior	
Position Title	Supervisor's Name	Beginning Base Salary	Final Base Salary
Major Duties			
Reason for Leaving (Explain): <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary			

Company Name and Address (including City, State and Zip Code)		Dates of Employment	
		From (Month/Year):	To (Month/Year):
		Phone Number:	
		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Please notify me prior	
Position Title	Supervisor's Name	Beginning Base Salary	Final Base Salary
Major Duties			
Reason for Leaving (Explain): <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary			

EMPLOYMENT HISTORY (CONTINUED)

Company Name and Address (including City, State and Zip Code)		Dates of Employment	
		From (Month/Year):	To (Month/Year):
		Phone Number:	
		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Please notify me prior	
Position Title	Supervisor's Name	Beginning Base Salary	Final Base Salary
Major Duties			
Reason for Leaving (Explain): <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary			

APPLICANT NAME _____

SPECIAL SKILLS/TRAINING

Please list any skills, qualifications, or licenses held that you believe are related to the position for which you are applying. If your position requires a license, please include date of issuance of license(s), name of issuing body, and whether your license has remained in good standing since its issuance:

Computer Skills:

Technical Skills:

Are there any other experiences or abilities that qualify you for the position for which you are applying?

PROFESSIONAL REFERENCES

Please provide names of individuals, excluding relatives, who can attest to your work performance.

Name and Occupation	Dates Known	Professional Relationship	Telephone Number

ADDITIONAL INFORMATION

Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations?

Yes

No (please explain)

(Note: The Company complies with the Americans with Disabilities Act and applicable state law and considers reasonable accommodation measures that may be necessary for eligible applicants and employees to perform essential functions.)

APPLICANT NAME _____

CERTIFICATION AND AUTHORIZATION

Please read the following statements carefully:

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is true, correct, accurate and complete to the best of my knowledge and agree to have any of the statements checked by the Company unless I have indicated to the contrary. I understand any falsification, misrepresentation or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my dismissal from employment.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by the Company, such employment with the Company is At Will, for no specified duration and may be terminated by either the Company or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, or statements of the Company or its representatives used during the employment process is deemed a contract of employment, real or implied. I understand that no representative of the Company except the Chief of Operations or he/her designee has the authority to enter into any agreement which guarantees any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of the Company. I agree that this shall constitute a final and fully-binding integrated agreement with respect to the At Will nature of my employment relationship and that there are no oral or collateral agreements regarding this issue.

In consideration of employment with the Company, if employed, I agree to conform to the rules, regulations, policies and procedures of the Company and that attendance and punctuality are considered essential requirements of every job at the Company and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with the Company, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed. I understand that I will be asked to provide authorization for a background check in a separate document.

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the U.S. Offers of employment are also conditioned upon the Company's receipt of satisfactory responses to reference requests and the satisfactory completion of a post-offer medical examination.

I understand that this application is considered current for three (3) months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Applicant's Signature _____ **Date** _____

APPLICANT NAME _____