



# Jewish Federation OF GREATER HARRISBURG

## EMPLOYMENT APPLICATION

The Jewish Federation of Greater Harrisburg ("Federation") is an Equal Opportunity employer and complies with all applicable Federal, State and local laws concerning discrimination in employment. No question in this Application is intended to elicit information in violation of any such law, nor will any information obtained in response to any question be used in violation of any such law. Please read this Application carefully and print your responses. You may submit a resume to accompany this Application; however, it is important for you to answer all questions and complete all sections of this Application. We will retain your completed Application in our active files for no less than ninety (90) days.

### BACKGROUND INFORMATION

Last Name		First	Middle	Date of Application
Street Address				Home Phone ( )
Address				Social Security No.
City	State	Zip	Have you reached your 18 <sup>th</sup> birthday? ___Yes      ___No	
Have you previously applied for employment with the Federation			___Yes	___No
If "Yes," please give date(s)				
Since reaching age 18, have you been convicted of a crime which has not been annulled, expunged, or sealed by a court? ___Yes      ___No				
If "yes," please describe the conviction in full detail, including date(s), location(s) and the nature of the offenses(s)				
<p>*A conviction record will not automatically result in your disqualification from employment; convictions will be considered only to the extent they relate to the job for which you have applied. However, failure to disclose a conviction and/or mischaracterization of a conviction will automatically result in your ineligibility for employment and/or termination of employment (even if the conviction would not have barred your employment had it been properly disclosed).</p>				

## JOB INTEREST

Position applying for \_\_\_\_\_

How did you learn about this employment opportunity?

\_\_\_\_ Advertisement in \_\_\_\_\_  
Name of Publication

\_\_\_\_ Employment Agency \_\_\_\_\_  
Name of Agency

\_\_\_\_ Other Source (Please describe) \_\_\_\_\_

Employment Status Desired

\_\_\_\_ Full-Time                      \_\_\_\_ Part-Time

Available for overtime?

\_\_\_\_ Yes                      \_\_\_\_ No

Salary/Wages Desired

## EDUCATION

The Federation may verify with the sponsoring educational/training facility all information disclosed.

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Type of Diploma or Degree
High School				____ Yes ____ No	
College or University				____ Yes ____ No	
Graduate or Professional School				____ Yes ____ No	
Trade or Business School				____ Yes ____ No	

## EMPLOYMENT RECORD

Starting with your current or most recent, list all employers past and present. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but you must also complete this Section and the Federation may verify all information disclosed.

1	Company Name of Current or Most Recent Previous Employer		Base Pay (annual) Start \$ _____ Last \$ _____	Type of Business
	Street Address		Other Compensation (Shift Premium, Bonus) \$ _____ per	Employed ____ Full-Time ____ Part-Time
	City, State and Zip		Telephone (    )	May We Contact? ____ Yes ____ No
	Date Hired	Date Separated	Name and Title of Immediate Supervisor	
	Reason for Leaving			
	State Current/Last Job Title and Describe Your Work:			

2	Company Name of Previous Employer		Base Pay (annual) Start \$ _____ Last \$ _____	Type of Business
	Street Address		Other Compensation (Shift Premium, Bonus) \$ _____ per	Employed ____ Full-Time ____ Part-Time
	City, State and Zip		Telephone (    )	May We Contact? ____ Yes ____ No
	Date Hired	Date Separated	Name and Title of Immediate Supervisor	
	Reason for Leaving			
	State Current/Last Job Title and Describe Your Work:			

3	Company Name of Current or Most Recent Previous Employer		Base Pay (annual) Start \$ _____ Last \$ _____	Type of Business
	Street Address		Other Compensation (Shift Premium, Bonus) \$ _____ per	Employed ____ Full-Time ____ Part-Time
	City, State and Zip		Telephone (    )	May We Contact? ____ Yes ____ No
	Date Hired	Date Separated	Name and Title of Immediate Supervisor	
	Reason for Leaving			

	Reason for Leaving
	State Current/Last Job Title and Describe Your Work:

**ADDITIONAL JOB-RELATED EXPERIENCE**

Describe any other experiences (e.g., volunteer work), qualifications, skills or abilities which you possess in addition to those you have outlined above and which you consider importation to the successful performance of the job for which you are applying.


**PROFESSIONAL REFERENCES**

List current and former co-workers, colleagues and/or professional acquaintances not related to you who can provide first-hand knowledge of your qualifications and abilities.

Name	Relationship to You	Occupation and Title	Phone No. (Include Area Code)	Years Known

**APPLICANT'S CERTIFICATION**

Please read carefully and, if you need clarification, ask questions before signing below.

I certify that the answers given by me to the foregoing questions and the statements made by me in this Application are correct and complete. I understand that, if I become employed, any misrepresentation or omission of fact in this Application may result in my discharge from employment.

I authorize the Federation as part of its evaluation of my suitability for employment, to verify all qualifications claimed by me and to secure from my previous employers and references information concerning my professional accomplishments, skills, character and ability. I further authorize the Federation to secure from the appropriate sources information concerning criminal convictions and agree to execute the written authorizations necessary for the Federation to obtain access to and copies of records pertaining to the aforementioned information. If I am hired, I agree to immediately notify the Federation if I am convicted of a felony or any crime involving theft or dishonesty and I further authorize the procurement of criminal record checks throughout my employment with the Federation. For these purposes, a photocopy of my signature which appears below shall serve in the same capacity as an original.

In compliance with the federal Immigration Reform and Control Act, I agree, if hired, to provide within three (3) business days from the date my employment begins, proof of my identity and eligibility for employment in the United States.

I understand that this Application is not a contract for employment and that, if I am employed, both the Federation and I each retain the right to terminate my employment for any or no reason with or without notice at any time. I also understand that no representative of the Federation other than its Executive Director or a duly authorized representative and then, only in writing, has the authority to enter into any agreement for employment for any specific time or to make any agreement contrary to the foregoing.

Applicant's Signature	Date
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