

INDIANAPOLIS JEWISH HOME, INC. ("HOOVERWOOD")

APPLICATION FOR EMPLOYMENT

Indianapolis Jewish Home, Inc. ("Hooverwood") is an equal opportunity employer. Applicants are considered for employment without regard to race, color, religion, sex, age, disability, national origin, or any other legally-protected status, unless such status constitutes a *bona fide* occupational qualification. Hooverwood will comply with its legal obligation to provide reasonable accommodation to qualified individuals with disabilities and for religious beliefs.

Date of Application _____

PLEASE PRINT OR TYPE

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Telephone (1) () _____ (2) () _____ Email (optional) _____

If you have resided at your present address fewer than three years, list your prior address:

Address _____
NUMBER STREET CITY STATE ZIP CODE

Position(s) Desired _____ Desired Salary Range _____

Are you available to work Full Time Day Shift Night Shift
 Part Time Evening Shift

What date will you be available for work? _____

Are you on a layoff and subject to recall at another employer? Yes No

Have you filed an application here before? Yes No If yes, give date(s) _____

Have you ever been employed here before? Yes No If yes, give date(s) _____

Do you have any relatives or friends employed here? Yes No If yes, please list by name and relationship.

Why did you apply for a position at Hooverwood? _____

What is the main reason you would be a valuable employee? _____

Are you legally authorized to work in the United States? Yes No

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)? Yes No

Are you 18 years or older? Yes No

Have you been convicted of or pled guilty or no contest to a felony or misdemeanor other than a minor traffic-related infraction? Yes No

If yes, state the nature of the conviction or plea, the date, the court and the jurisdiction, the cause (or other identifying) number, and fully explain _____

Do you have any pending charges for a felony or misdemeanor? Yes No

If yes, state the nature of the pending charges, the date, the court and jurisdiction in which they are pending, and the cause (or other identifying) number, and fully explain _____

A conviction, plea, or pending charges will not necessarily disqualify you from consideration for employment. The effect of a conviction, plea, or pending charges will be assessed with respect to time, circumstances, seriousness of the offense, and job responsibilities and duties. However, your failure to list a conviction, plea, or pending charge will disqualify you from consideration for employment or will result in termination of employment if subsequently discovered.

Is your driver's license currently suspended? _____

For purposes of verifying past employment and schools attended, please list any other names you have used.

EDUCATION

Type of School	Name of School	City and State	Number of Years Completed	Graduate?		Course Pursued/ Degrees Granted
				Yes	No	
High School						
College or University						
Business, Trade, Technical, or Correspondence School or College						

Identify any special job-related skills and qualifications acquired from education, employment, volunteer work, or military service.

Identify specific skills related to technology, communications, customer service, machines, tools, or other equipment that will be helpful in performing the responsibilities of the position(s) for which you are applying _____

Identify the previous jobs you liked best and describe why. _____

Identify the previous jobs you liked least and describe why. _____

How did you learn of this employment opportunity? Friend Relative Job Posting Job Hotline Job Fair Website Friend Other _____

PERSONAL REFERENCES

List two references who are **not** related to you and are **not** previous employers.

1. _____ ()
Name Address Telephone No.

2. _____ ()
Name Address Telephone No.

EMPLOYMENT RECORD

Starting with your present or most recent job, list all your employment experience, including part-time or temporary employment. Do not omit any experience. You may include job-related military service assignments and volunteer activities that reflect your qualifications for employment. **RESUMES MAY BE SUBMITTED BUT WILL NOT BE ACCEPTED IN PLACE OF THE INFORMATION REQUESTED BELOW.**

Employer	Employment Dates	Kind of Work Performed: Reason for Leaving: <input type="checkbox"/> Discharged <input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Involuntary Resignation <input type="checkbox"/> Layoff/RIF
	From	
	To	
	Salary/Hourly Rate	
	Starting:	
Address	Final:	
Telephone ()		
Job Title		
Immediate Supervisor:		

Employer	Employment Dates	Kind of Work Performed: Reason for Leaving: <input type="checkbox"/> Discharged <input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Involuntary Resignation <input type="checkbox"/> Layoff/RIF
	From	
	To	
	Salary/Hourly Rate	
	Starting:	
Address	Final:	
Telephone ()		
Job Title		
Immediate Supervisor:		

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	Starting:	
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Job Title		
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Address	Final:	
Telephone ()		
Job Title		
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	From	
	To	
	Salary/Hourly Rate	
	Starting:	
Address	Final:	
Telephone ()		
Job Title		
Immediate Supervisor:		

If you need additional space, please continue on a separate sheet of paper

May we contact the employers listed above? Yes No If no, indicate which one(s) you do NOT wish us to contact and provide the reason why you prefer that we do not contact the employer(s). _____

Have you ever been permitted to resign rather than be discharged or asked to resign from any position?
 Yes No If yes, please state the employer and the reason for the resignation. _____

APPLICANT'S STATEMENT

(Please indicate that you have read and understand each paragraph of the Applicant's Statement by placing your initials beside each paragraph.)

Initials

_____ I completed this application and confirm all information in it is TRUE and COMPLETE to the best of my knowledge. I understand that false, misleading, or omitted information may result in the rejection of my application, the revocation of an offer of employment, or discharge.

_____ I authorize investigation of all statements in this application to arrive at an employment decision. I understand that an investigation may be made and information may be obtained through interviews with personal references and past employers, a credit check, a criminal history check and/or a driver's record check. This inquiry may include information as to, among other things, my character, general reputation and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this investigation and to the consideration of any statements of references, former employers, or others that are given in response to the inquiry. If Hooverwood decides to obtain a consumer credit report, I understand that it will provide, at my request, the name and address of the reporting agency so I may obtain from such reporting agency the nature and substance of information contained in such report.

_____ I release all parties, including but not limited to Hooverwood, personal references, and previous or current employers, from liability for any injury or damage that may result from their furnishing information concerning me or any action Hooverwood takes on the basis of such information.

_____ I understand that if I am offered a job as a condition of beginning my employment, I may be required to undergo a physical examination and that within the first six months of employment, I will be required to submit to an unannounced drug screen, and I authorize any service provider or medical facility to furnish medical information with reference to me in conjunction with that examination and related considerations.

_____ I understand that all individuals hired must produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. I understand that an offer of employment is contingent upon my producing the required documentation within the legal time period.

_____ I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment is not for a fixed period of time and is terminable at any time and for any reason by me or by Hooverwood. I further understand that statements that may be contained in policies, practices, handbooks or other material do not create a guarantee of employment and that Hooverwood has the right to modify, amend, or terminate policies, practices, benefits plans, or other programs within the limits and requirements imposed by law. I understand that no Hooverwood representative, other than the Executive Director, has the authority to enter into any agreement for any specific period of time or to make any different agreement and that such agreement must be in writing and signed by both parties to be binding.

_____ If employed, I will sign an agreement relating to confidentiality and non-competition if required.

_____ I confirm that I am not bound by any employment contract or non-competition agreement that would be breached by any employment that Hooverwood offered to me, nor am I in possession of nor will I at any time reveal to Hooverwood, under any circumstances, any proprietary or confidential information that is the subject of any contract, non-disclosure agreement or prior work relationship.

_____ Date: _____
Signature of Applicant

THIS APPLICATION WILL NOT BE CONSIDERED ACTIVE AFTER 60 DAYS

ATTACHMENT TO HOOVERWOOD EMPLOYMENT APPLICATION

Have you ever had a professional license suspended or revoked? Yes No

If yes, state the nature of the suspension or revocation, the date and explain. (Additional pages may be attached.)

(A suspension or revocation will not necessarily disqualify you from consideration for employment. The effect of a suspension or revocation will be assessed with respect to time, circumstances, seriousness of the offense, and job responsibilities and duties. However, your failure to identify a suspension or revocation will disqualify you from consideration for employment or will result in termination of employment if subsequently discovered.)

Have you ever been sanctioned, either personally or through an entity, by any government funded health care program or listed by a government agency as debarred, excluded or otherwise ineligible for government program participation?

Yes No

If yes, state the nature of the sanction, exclusion or debarment, the date and explain. (Additional pages may be attached.)

(A sanction, debarment or exclusion will not necessarily disqualify you from consideration for employment. The effect of a sanction, debarment or exclusion will be assessed with respect to time, circumstances, seriousness of the offense, and job responsibilities and duties. However, your failure to identify a sanction, debarment or exclusion will disqualify you from consideration for employment or will result in termination of employment if subsequently discovered.)

I hereby swear/affirm that the above information is true and complete. I understand that such information is relevant to my proposed job responsibilities at The Indianapolis Jewish Home, Inc., d/b/a Hooverwood, and that falsification or misrepresentation (including by omission) on this statement will result in my immediate discharge. I further agree that if I am offered and accept employment with Hooverwood, I will promptly report to the Hooverwood Compliance Officer any of following: (1) I am convicted of or plead guilty to a felony or misdemeanor; (2) I have a professional license revoked or suspended; or (3) I am sanctioned, either personally or through an entity, by any government funded health care program, or am listed by a government agency as debarred, excluded or otherwise ineligible for government program participation. I understand that my failure to report will result in immediate termination of my employment.

Signature: _____

Printed Name: _____

Date: _____

DO NOT WRITE BELOW THIS LINE

I hereby swear/affirm that I have used due diligence to investigate and determine that the above sworn Statement is true.

Signature: _____

Printed Name: _____

Title: _____

Date: _____