

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, citizenship status, or any other basis prohibited by law, unless such basis constitutes a *bona fide* occupational qualification. Hooverwood will comply with its legal obligation to provide reasonable accommodation to qualified individuals with disabilities.

Date of Application _____ Social Security Number _____ - _____ - _____

PLEASE PRINT

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Telephone (____) _____

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

Address _____
NUMBER STREET CITY STATE ZIP CODE

Position(s) Desired _____ Salary Expected _____

Are you available to work Full Time Part-Time Any Shift or check applicable
 Temporary Overtime Day Evening Night

On what date would you be available for work? _____

Have you filed an application here before? If yes, give date(s) _____

Have you ever been employed here before? If yes, give date(s) _____

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

Why did you apply for a position at Hooverwood? _____

Why do you think you would make a valuable employee of Hooverwood? _____

Are you legally authorized to work in the United States?

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)?

Are you 18 years or older?

Have you been convicted of or pled guilty to a felony or misdemeanor other than a minor traffic violation? *(A conviction or plea will not necessarily disqualify you from consideration for employment. The effect of a conviction will be assessed with respect to time, circumstances, seriousness of the offense, and job responsibilities and duties. However, your failure to list a conviction will disqualify you from consideration for employment or will result in termination of employment if subsequently discovered.)*

If yes, state the nature of the conviction or plea, the date, and explain _____

Name of person to notify in case of emergency _____

Address _____ **Emergency Phone No.** _____

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						

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

List specific licenses, certifications, technical skills, or expertise with electronic systems that will be helpful in performing the responsibilities of the position(s) for which you are applying. Provide the dates of licenses and certifications. _____

PERSONAL REFERENCES

List the name, address and telephone number of three references who are **not** related to you and are **not** previous employers.

1. _____ ()
Name Address Telephone No.
2. _____ ()
Name Address Telephone No.
3. _____ ()
Name Address Telephone No.

EMPLOYMENT RECORD

Starting with your present or most recent job, list all your employment experience for at least the last 15 years. You may include job-related military service assignments and volunteer activities that reflect your qualifications for employment.

Employer	Employment Dates	Kind of Work Performed:
	From	
Address	To	
Telephone ()	Salary/Hourly Rate	
Job Title	Starting:	
Immediate Supervisor:	Final:	
Employer	Employment Dates	Kind of Work Performed:
	From	
Address	To	
Telephone ()	Salary/Hourly Rate	
Job Title	Starting:	
Immediate Supervisor:	Final:	
Employer	Employment Dates	Kind of Work Performed:
	From	
Address	To	
Telephone ()	Salary/Hourly Rate	
Job Title	Starting:	
Immediate Supervisor:	Final:	
Employer	Employment Dates	Kind of Work Performed:
	From	
Address	To	
Telephone ()	Salary/Hourly Rate	
Job Title	Starting:	
Immediate Supervisor:	Final:	
Employer	Employment Dates	Kind of Work Performed:
	From	
Address	To	
Telephone ()	Salary/Hourly Rate	
Job Title	Starting:	
Immediate Supervisor:	Final:	

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

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

Have you ever been discharged, permitted to resign rather than be discharged, or asked to resign from any position? If yes, please state the employer and the reason for the discharge or resignation. _____

Which of your previous jobs have you liked best? _____

Why? _____

Which of your previous jobs have you liked least? _____

Why? _____

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 certify that this application was completed by me and that all entries and information in it are TRUE and COMPLETE to the best of my knowledge. In the event of employment, I understand that false, misleading or omitted information in my application may result in discharge.

_____ I understand that, if I am offered a job, a criminal history report must be completed. I understand that this report is at my cost.

_____ I authorize investigation of all statements contained in this application as may be necessary in arriving 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, through 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 Hooverwood 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 hereby release all parties, including but not limited to, personal references and previous 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 will be required to undergo a physical examination and that within the first 90 days of employment, I will be required to submit to an unannounced drug test, and I hereby authorize any doctor, hospital, clinic, laboratory or other medical facility to furnish any medical information with reference to me as may be necessary in conjunction with that examination and related considerations. I understand that the physical exam and the drug test will be at my cost.**

_____ I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment to me is contingent upon my ability to produce the required documentation within the time period required by law.

_____ I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment is for no fixed period of time and is terminable at any time and for any reason by me or by Hooverwood. I further understand that statements which may be contained in policies, practices, handbooks or other material do not create any 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 representative of Hooverwood, other than an officer, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding.

_____ I understand that, upon employment, I will sign an agreement relating to confidential information, if required.

_____ I certify that I am not bound by any employment contract or non-competition agreement that would be breached by any employment that might be offered to me by Hooverwood, 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 involving any other person or entity.

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. 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 covenant that in the event I am offered and accept employment with Hooverwood, that I will promptly report to the Hooverwood Compliance Officer if any of following events occur: (i) I am convicted of or pled guilty to a felony or misdemeanor other than a minor traffic-related infraction; (ii) I have a professional license revoked or suspended; or (iii) 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 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 first page of this sworn Statement is true.

Signature: _____

Printed Name: _____

Title: _____

Date _____