

**JEWISH COMMUNITY HOUSING CORPORATION OF METROPOLITAN NEW JERSEY**

**760 Northfield Avenue, West Orange, New Jersey. 07052**

**Phone: (973) 731 - 2020**

**Fax: (973) 731 - 9215**

**EMPLOYMENT APPLICATION**

***An Equal Opportunity Employer***

*We consider all applicants for all position without regard to race, color, religion, national origin, age, disability which can reasonably be accommodated without undue hardship, genetic information, sexual orientation, marital, domestic partnership or civil Mori status or veteran status or any other classification protected by law.*

**PLEASE FILL OUT THIS APPLICATION, SAVE AND UPLOAD AS ATTACHMENT**

Date Applied: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address: \_\_\_\_\_ Email: \_\_\_\_\_  
(Street) (City) (State) (Zip)

ARE YOU AT LEAST' 18 YEARS OLD?  YES  NO (Please check one)

POSITION APPLYING FOR: \_\_\_\_\_ WAGES EXPECTED \_\_\_\_\_ (hour/salary)

EDUCATION	NAME OF SCHOOL	NO. OF YEARS ATTENDED	AREA OF SPECIALTY	DEGREE ACHIEVED
HIGH SCHOOL				
VOCATIONAL/ TECHNICAL SCHOOL				
COLLEGE/ UNIVERSITY				
GRADUATE SCHOOL				

**SPECIAL SKILLS:**

List all languages other than English that you speak and/or write fluently:

1. \_\_\_\_\_ Speak: \_\_\_\_\_ Write: \_\_\_\_\_

2. \_\_\_\_\_ Speak: \_\_\_\_\_ Write: \_\_\_\_\_

3. \_\_\_\_\_ Speak: \_\_\_\_\_ Write: \_\_\_\_\_

List all professional organizations that you belong to:

\_\_\_\_\_

Have you ever worked or attended school under another name?  Yes  No

If yes, give name: \_\_\_\_\_

**EMPLOYMENT HISTORY** - Give, names and addresses of all previous; employers (including Civil Service.) If you are now working, list present employer and/or state why you want to leave.

EMPLOYER'S NAME AND PHONE NUMBER	POSITION HELD	SALARY ANNUAL/ OR PER HOUR.	DATE STARTED	DATE LEFT	REASON	CAN JCHC CONTACT THIS EMPLOYER

**PROFESSIONAL LICENSES OR CERTIFICATES:**

Type: \_\_\_\_\_ State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Type: \_\_\_\_\_ State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Type: \_\_\_\_\_ State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Type: \_\_\_\_\_ State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you ever applied to the JCHC before for employment?  Yes  No

Have you ever worked for JCHC before?  Yes  No

If offered employment, can you accept a position at once?  Yes  No If not, how soon? \_\_\_\_\_

Has your driver's license ever been suspended?  Yes  No

If yes, give details with dates: \_\_\_\_\_

Do you have any family members currently working at any Jewish Community Housing communities or offices?

Yes  No

If yes, please list their name(s): \_\_\_\_\_

Were you referred to JCHC for employment by a current JCHC employee?  Yes  No

If yes, please print their name: \_\_\_\_\_

Proof of citizenship or Immigration Status will be required if you are employed. All employment is contingent on the results of any required medical examination, background check and/or motor vehicle check. The use of this application does not indicate that there are positions open and does not constitute an obligation to provide employment.

I UNDERSTAND THAT NOTHING IN THIS APPLICATION OR ANY OTHER COMPANY DOCUMENT OR COMMUNICATION (WRITTEN OR ORAL), OR AN ACCEPTANCE OF EMPLOYMENT CONSTITUTES AN EMPLOYMENT CONTRACT BETWEEN THE COMPANY AND ME, AND THAT SHOULD I BE HIRED, MY EMPLOYMENT WOULD BE AT WILL FOR NO FIXED DURATION, AND COULD BE TERMINATED BY THE COMPANY OR BY ME AT ANY TIME, WITH OR WITHOUT CAUSE OR NOTICE. I UNDERSTAND THAT NO ORAL OR WRITTEN STATEMENT TO THE CONTRARY SHALL CHANGE THIS RELATIONSHIP OR SHOULD BE RELIED ON BY ME.

I REQUEST AND AUTHORIZE ANY INDIVIDUAL, COMPANY, SCHOOL, CORPORATION, CREDIT BUREAU, INSTITUTION, AND LAW ENFORCEMENT AGENCY TO FURNISH THIS COMPANY WITH ANY INFORMATION CONCERNING MY EMPLOYABILITY WHICH THEY HAVE ON RECORD OR OTHERWISE AND RELEASE THE INDIVIDUAL COMPANY, SCHOOL, CORPORATION, CREDIT BUREAU, INSTITUTION, AND LAW ENFORCEMENT AGENCY AND ANY PERSON CONNECTED WITH THEM FROM LIABILITY FOR FURNISHING SUCH INFORMATION. I, HEREBY, RELEASE THEM FROM ANY AND ALL CLAIMS OF LIABILITY IN LAW AND IN EQUITY THAT MAY ARISE OUT OF FURNISHING SUCH INFORMATION TO THE COMPANY OR ANY AUTHORIZED AGENT OF THE COMPANY.

**IT IS UNDERSTOOD AND AGREED THAT FALSE OR INCOMPLETE STATEMENTS ON THIS APPLICATION MAY BE, CONSIDERED CAUSE FOR REJECTING THE APPLICATION OR DISMISSAL IF OFFERED EMPLOYMENT.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date