Kavod
SENIOR LIFE
Honor. Community. Jewish Values.

Kavod Senior Life
EMPLOYMENT APPLICATION

22 S. Adams Street | Denver CO 80209

TODAY'S DATE: _____

POSITION APPLIED FOR: _____

HOW DID YOU HEAR ABOUT IT? _____

LAST NAME: _____ FIRST NAME: _____ M.I.: _____

WHEN CAN YOU START? _____

HOME PHONE: _____ EMAIL: _____

CURRENT STREET ADDRESS: _____

CITY _____ STATE _____ ZIP _____

Please list states and dates of residence for the past seven years (Use back if needed):

_____

_____

Have you used any names other than those on this page? ☐Yes ☐No

If so, please list: _____

Have the requirements of the job been explained to you? (Job description available upon request) ☐Yes ☐No

Do you understand these requirements? ☐Yes ☐No

Can you perform the requirements of this job with or without reasonable accommodation? ☐Yes ☐No

If you have previously been employed by Kavod Senior Life and/or if you have relatives employed by Kavod Senior Life, please explain.

_____

_____

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you may be required to be examined by a medical professional designated by the company. You may also be required to complete required or on-the-job training.

NOTICE REGARDING RIGHTS OF PREGNANT WORKERS

Employees and applicants have the right to be free from discriminatory or unfair employment practices because of pregnancy, a health condition related to pregnancy, or the physical recovery from childbirth.

An employer may require an employee or applicant to provide a note stating the necessity of a reasonable accommodation from a licensed health care provider before providing such accommodation. If an applicant or an employee requests an accommodation, the employer and applicant or employee shall engage in a timely, good-faith, and interactive process to determine effective, reasonable accommodations for the applicant or employee for conditions related to pregnancy, physical recovery from childbirth, or a related condition. If you need an accommodation, please contact Human Resources.

EMPLOYMENT:

List all previous employers. (Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical).

EMPLOYMENT HISTORY:

1. Most Current Company _____

Address _____ Phone Number _____

Dates Employed—From: _____ To:_____ Supervisor Name: _____

Job Title: _____

Reason for leaving: _____

Duties: _____

Are you currently working for this employer? ☐Yes ☐No

If yes, may we contact? ☐Yes ☐No

2. Company_____

Address _____ Phone Number _____

Dates Employed—From: _____ To:_____ Supervisor Name: _____

Job Title: _____

Reason for leaving: _____

Duties: _____

3. Company_____

Address _____ Phone Number _____

Dates Employed—From: _____ To:_____ Supervisor Name: _____

Job Title: _____

Reason for leaving: _____

Duties: _____

4. Company_____

Address _____ Phone Number _____

Dates Employed—From: _____ To:_____ Supervisor Name: _____

Job Title: _____

Reason for leaving: _____

Duties: _____

EDUCATION:

	NAME	CITY/STATE	GRADUATE?
High School:	_____	_____	☐ Yes ☐ No
College:	_____	_____	☐ Yes ☐ No
College:	_____	_____	☐ Yes ☐ No
Other:	_____	_____	☐ Yes ☐ No

REFERENCES:

LIST THREE PROFESSIONAL REFERENCES:

	NAME	ADDRESS	PHONE #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

LIST THREE PERSONAL REFERENCES THAT ARE NOT FAMILY OR BUSINESS RELATED:

	NAME	ADDRESS	PHONE #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature: _____ Date: _____