

6401 Auburn Drive  
Virginia Beach, VA 23464



757-420-2512  
Fax 757-424-0657

**Please Print**

Position applied for: \_\_\_\_\_

**Employment Application**

**Notice to Applicant:** The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, creed, religion, sex, or national origin. Federal laws also prohibit other types of discrimination, such as age, citizenship, disability, veteran status, attainment of benefits, or participation in union activities. The laws of many states and localities also prohibit some or all of these types of discrimination, as well as prohibiting additional types of discrimination, such as discrimination based on ancestry, parental or marital status, sexual orientation, or source of income.

**Instructions:** Complete all necessary information. You may be asked to provide additional information on another form. Please ask for assistance with this application, if needed. This application will be kept on file for six (6) months. It is to your advantage to periodically check to keep it current and active.

**PERSONAL**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address \_\_\_\_\_ Social Security # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone # (\_\_\_\_\_) \_\_\_\_\_ Business or Cell Phone # \_\_\_\_\_ Extension # \_\_\_\_\_

**QUESTIONS**

Are you legally eligible for employment in the United States?  Yes  No (If yes, proof is required)  
Are you of legal age to work in the United States?  Yes  No Are you under age 18?  Yes  No  
Have you been employed at Beth Sholom before?  No  Yes, if yes, dates of employment: \_\_\_\_\_  
Department \_\_\_\_\_ Position \_\_\_\_\_  
Is any friend or member of your family currently employed by Beth Sholom?  Yes  No  
If, yes, give name and relationship to you: \_\_\_\_\_  
Have you ever been convicted, pled guilty to or pled no contest to the violation of any federal, state, or other law constituting a felony or misdemeanor excluding traffic violations, except convictions for driving while intoxicated (DUI)?  Yes  No  
If yes, describe: \_\_\_\_\_  
Shift preferred  Days  Evenings  Nights  Any  
Salary desired \_\_\_\_\_ Hours desired:  Full Time  Part Time  PRN / As Needed  
Date available for work \_\_\_\_\_

**Educational Background**

School Name	School Address	Course of Study	Did you graduate?	Degree or Diploma
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No Grade Completed: _____	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No Year Completed: _____	
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No Year Completed: _____	
Vocational/Training			<input type="checkbox"/> Yes <input type="checkbox"/> No Year Completed: _____	

**Verification of your education is required prior to appointment to the position.**

**Please continue on reverse side of application.**

## EMPLOYMENT HISTORY

Describe in detail all work experience beginning with your present or most recent job. Include self-employment, military, volunteer, summer work, internships, and periods of unemployment. Be sure to indicate whether employment was full-time or part-time, and if part-time, state the average number of hours worked per week. Incomplete information will result in the disqualification of your application. Beth Sholom must be able to verify at least two (2) previous employers.

May we contact your present employer?  Yes  No

Present Employer:		Address:		Phone:	
Job Title:		Name of Supervisor		Phone:	
Date (mo/yr): Employed:		Starting Salary:		per	Hour/Annual
Date (mo/yr): Separated:		Ending Salary:		per	Hour/Annual
Reason for leaving (Be specific):					
Job Duties (Be specific):					
Number Supervised by you:					
Full Time:		Years/Months: _____			
Part Time:		Years/Months: _____			
If part-time, number of hours per week:					

1st Previous Employer:		Address:		Phone:	
Job Title:		Name of Supervisor		Phone:	
Date (mo/yr): Employed:		Starting Salary:		per	Hour/Annual
Date (mo/yr): separated:		Ending Salary:		per	Hour/Annual
Reason for leaving (Be specific):					
Job Duties (Be specific):					
Number Supervised by you:					
Full Time:		Years/Months: _____			
Part Time:		Years/Months: _____			
If part-time, number of hours per week:					

2nd Previous Employer:		Address:		Phone:	
Job Title:		Name of Supervisor		Phone:	
Date (mo/yr): Employed:		Starting Salary:		per	Hour/Annual
Date (mo/yr): separated:		Ending Salary:		per	Hour/Annual
Reason for leaving (Be specific):					
Job Duties (Be specific):					
Number Supervised by you:					
Full Time:		Years/Months: _____			
Part Time:		Years/Months: _____			
If part-time, number of hours per week:					

## MILITARY

Branch of Service:	
Active Duty Dates:	
Entry Rank:	
Discharge Rank:	
Type of Discharge:	

IF CLAIMING VETERAN'S PREFERENCE, PLEASE SUBMIT A COPY OF DD214

## LICENSES/CERTIFICATIONS

License/Certification #:	
Expiration Date:	
CPR Certification:	
Expiration Date:	
First Aide Certification:	
Expiration Date:	

## REFERENCES

List individuals familiar with your capabilities. (Do not list relatives or supervisors previously noted under employment)

NAME	YEARS KNOWN	ORGANIZATION POSITION	HOME/BUSINESS ADDRESS	HOME/BUSINESS PHONE

## EMERGENCY CONTACT

Name:	
Relationship:	
Telephone Number:	
Address:	
City, St & Zip code	

## STATEMENT OF UNDERSTANDING

The Virginia Privacy Protection Act of 1976 requires that we inform you of the following information.

1. The Information on the Application for Employment form will be used to determine your eligibility for employment with Beth Sholom Village. Other access to this information will be limited to regulatory agencies and the courts, upon request, for legal proceedings.
2. You are not required by law to furnish this information. However, if you do not furnish the information requested, we will have no data on which to determine your eligibility and will, therefore, be unable to refer you for employment.

## CERTIFICATION

**By signing this application**, I certify that I have read the above statements of understanding or have had them read to me and I am furnishing the requested information.

I certify, to the best of my knowledge and belief, that the preceding information, the information on any resume I have submitted, and the information supplied during the interview process is true, correct and complete to the best of my knowledge and information given on this application truly represents my background and experiences. I understand that false or misleading information or omissions on the application, resume and/or during the interview process may disqualify me from further consideration for employment or be grounds for immediate termination of employment with Beth Sholom.

I hereby authorize my current and former employers (including the U.S. Government or U.S. Military), personal references, registration and licensing boards, and educational institutions listed on my application for employment, to furnish Beth Sholom with any job-related information requested. I also permit Beth Sholom to conduct a police and courts records investigation of my background, if relevant to the job for which I am applying. Notwithstanding any provisions of Federal or State law. Also, I hereby release from all liability and responsibility all persons or corporations requesting or supplying such information.

I expressly waive any right I have to review confidential material or information received by Beth Sholom from a previous employer or educational institution.

I understand that if I am employed by Beth Sholom, I will be required to provide a current Motor Vehicle record in order to operate a Beth Sholom motor vehicle. My signature below authorizes the Beth Sholom to request, as needed, a copy of my motor vehicle operator's record for the express purpose of confirming the licensing requirements for this position, and/or for identifying insurance liabilities.

I further understand that, if I am hired by Beth Sholom, my employment is "at will" and that either Beth Sholom or I can terminate the employment relationship at any time, with or without notice, and with or without cause.

Finally, I attest, under penalty of perjury, that I am legally authorized to work in the United States.

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**Signature of Applicant**

**Date**

Please provide copies of 2 forms of identification issued by a government agencies.

ID Examples:

Driver's License

Social Security Card

Military Identification

Birth Certificate

Government Issued Picture ID

Voter's Registration Card

Or

Passport

## Statement Concerning Pre-Employment Drug Screening

I understand that any offer of employment from Beth Sholom Village will be conditional and such offer will be contingent upon my successfully passing a urine drug screen (for amphetamines, cocaine, opiates, marijuana, and phencyclidine) before I begin employment at Beth Sholom Village. I also understand that any offer of employment will be withdrawn if I test positive for alcohol or illegal drugs, refuse to provide a specimen on the date and time required, refuse to consent to testing on the date and time required, or provide a false or tampered specimen. I may obtain additional information about the Beth Sholom Village Pre-Employment Drug Screening Policy from Beth Sholom Village Human Resources.

.Applicant [print name] \_\_\_\_\_ Date \_\_\_\_\_

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**Applicant's Signature**