



EMPLOYMENT APPLICATION

Non-Bargaining Unit Position – (Exempt)

PERSONAL

Last Name	First Name	Middle Initial	Social Security No.
List all other names by which you have been known:			
Present Address	No.	Street	City State Zip Home Phone No. Business Phone No.
Permanent Address, if different from present address:			
If hired, can you provide proof that you are legally able to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How were you referred to us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee <input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk-in <input type="checkbox"/> Other			
Have you ever been convicted of a criminal offense, felony or misdemeanor, exclusive of any marijuana related conviction over two years old, any conviction for which the record has been judicially ordered sealed, expunged, or statutorily eradicated, any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed pursuant to Penal Code §1203.4? If yes, please state nature of offense(s), date(s), city and state and disposition. <i>Note: An affirmative answer will not necessarily result in disqualification for employment.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please state nature of offense(s), date(s), city and state and disposition: _____			
List any relatives or friends employed by the Company: _____ Relationship: _____			

EMPLOYMENT

Position Desired:	Salary Desired:
Check appropriate box for type of employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	
What days and hours are you available for work?	
Are you available for overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	When are you available to begin work?
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	If under 18, can you provide a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand the essential functions of the job being applied for?? <input type="checkbox"/> Yes <input type="checkbox"/> No (If not, you should discuss the essential functions of the position with the Human Resource Director before completing the next question).	
Are you able to perform the essential functions of the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe the functions that cannot be performed: _____	
If hired would you have a reliable means of transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No?	
Do you have any commitment to another entity or person that might affect your employment with our organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe fully _____	
<i>(Note: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions)</i>	



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SKILLS

Many of our clients do not speak English. Do you speak, write or understand any foreign language? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which language(s): _____
Operate Personal Computer? <input type="checkbox"/> Yes* <input type="checkbox"/> No *Types of Software: _____
List other office machines you can operate: _____
Specific skills or training: What knowledge, special skills and/or individual capabilities do you have which especially prepare you for the position applied for? _____

EDUCATION

Type of School	Name and Location of School	No. of Years Completed.	Graduated?		Degree(s) or Diploma(s)	Major Field(s) of Study
			Yes	No		
High School or Trade School						
Business or Tech. School						
Jr. College and/or University						
Other Training (Explain)						

EMPLOYMENT HISTORY

Experience: Please account for all employment within the last seven (7) years, beginning with your current or more recent employer. In addition, please indicate any other experience which you believe is relevant to the position for which you are applying (e.g., volunteer experience, military service, experience gained over seven (7) years prior, etc.) Attach an additional sheet if extra space is needed.

Answer the following questions if you are applying for a professional, licensed or certified position
Are you licensed/certified for the job applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of license/certification: _____ Issuing state: _____ License/certification number: _____ Has your license/certification ever been revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____



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Positions Held

Company Name	Dates Employed <i>From</i> _____ <i>To</i> _____	Starting Salary Ending Salary
Street Address	Job Title	Hours Worked <i>From</i> _____ <i>To</i> _____
City, State, Zip Code	Specific Job Duties:	
Telephone No.	Supervisor: 1. _____ 2. _____ 3. _____	
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving?	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the most important skill you demonstrated on the job?	

Company Name	Dates Employed <i>From</i> _____ <i>To</i> _____	Starting Salary Ending Salary
Street Address	Job Title	Hours Worked <i>From</i> _____ <i>To</i> _____
City, State, Zip Code	Specific Job Duties:	
Telephone No.	Supervisor: 1. _____ 2. _____ 3. _____	
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving?	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the most important skill you demonstrated on the job?	

Company Name	Dates Employed <i>From</i> _____ <i>To</i> _____	Starting Salary Ending Salary
Street Address	Job Title	Hours Worked <i>From</i> _____ <i>To</i> _____
City, State, Zip Code	Specific Job Duties:	
Telephone No.	Supervisor: 1. _____ 2. _____ 3. _____	
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving?	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the most important skill you demonstrated on the job?	



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PERIODS OF UNEMPLOYMENT

Please account for all periods of unemployment within the last seven (7) years, beginning with your most recent period of unemployment.

Dates Unemployed

Reason for unemployment

From _____ To _____

Dates Unemployed		Reason for unemployment
From	To	

Dates Unemployed

Reason for unemployment

From _____ To _____

MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military? Yes No

If yes, please describe: _____

REFERENCES (work related)

Please list at least three (3) persons **NOT** related to you who have known you for at least five (5) years.

Name	Address	Phone No.
Name	Address	Phone No.
Name	Address	Phone No.



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APPLICANT'S STATEMENT

(Initial each numbered item as read)

1. By my signature and initials placed below, I, the applicant, promise that I have personally completed this application. I declare under penalty of perjury that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for dismissal from employment regardless of the time elapsed before discovery. _____ *Initials*
2. I understand and agree that the employment for which I am making application is, and is intended to be, at-will and such employment may be terminated at any time with or without cause, without prior notice, by either myself or the organization. There will be no agreement, express or implied, between the organization and me for any specific period of employment, nor for continuing or long term employment, unless made in writing, signed by an authorized representative of the organization. _____ *Initials*
3. I agree to immediately notify the organization if I should be convicted of a crime while my job application is pending, or during my employment if hired. _____ *Initials*
4. I understand the Organization is committed to maintaining a drug and alcohol free work place. _____ *Initials*
5. I understand that the organization may request an investigative report ("report") from a reporting agency concerning my social security number, motor vehicle operation history and other information to the extent permitted by law for various local, state, and federal agencies, private and insurance sources, and other available public records. I understand that the report may also include information as to my character, general reputation, personal characteristics, work habits, performance and experience, along with reasons for termination of past employment from previous employers. I understand that the investigative report may involve personal interviews with my former employers, schools and others. I voluntarily and knowingly authorize the release of all information requested by the agency for the purpose of preparing the report. I further understand that my application for employment with the organization will not be complete until I have completed any additional paperwork required by the agency for the purpose of preparing a report by placing a check in the following box , I am requesting that I be furnished with a copy of the record. I understand that I have the right to request that the agency provide a complete and accurate disclosure of the nature and scope of the investigation being requested, along with information in my investigative file during normal business hours upon reasonable notice to the agency. _____ *Initials*
6. I authorize the investigation of all statements contained in this application (and accompanying resume, if any). I authorize any person, school, current employer, past employer(s), reference(s), associations, and organizations named in this application form (and accompanying resume, if any), along with their respective employees and representatives to provide the organization with records, information and opinion that may be useful to the organization in conducting this investigation. I release such persons and organizations from any legal liability for providing information and opinion (which is truthful or made in good faith) in response to this investigation. This information and opinion may include but is not limited to, achievement, performance, attendance, personal history, and disciplinary information. _____ *Initials*
7. I direct the persons and entities described above to release such information and opinions as described in the preceding paragraph upon the request of an authorized agent of the organization. A telephonic facsimile (fax) or photocopy of this authorization shall be as valid as the original. And, at the organizations request I will sign separate authorizations and releases to my former employer(s) that are consistent with the authorizations and releases contained in this application _____ *Initials*
8. I release any individual, including records custodians, from all liability for damages that may result to me on account of compliance, or any attempts to comply, with this authorization. _____ *Initials*



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9. I understand that, if hired, I may not hold other employment or engage in other activities that create a conflict of interest with my position with the organization unless I have been given permission in writing by the organization.
 _____ Initials

COMPLIANCE WITH RULES

If I become employed, in consideration of my employment, I agree to comply with the rules, regulations, policies and procedures of the organization. _____ Initials

Signature: _____

Date: _____

Print name: _____

Agreement For Arbitration

I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by Bet Tzedek Legal Services, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the company, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration will be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written. _____ initials

Agreement For At-Will Employment

I understand and agree that nothing contained in this application, or conveyed in any written or oral communications between Bet Tzedek and me either as an applicant or an employee if hired, is intended to create an employment contract between me and Bet Tzedek Legal Services. My employment will be at-will for no definite or determinable period of time, and may, (regardless of the date of payment of my wages or salary), be terminated at any time, for any reason, with or without prior notice, at the option of the Bet Tzedek Legal Services or me. I understand and agree that no promises or representations contrary to the foregoing are binding on Bet Tzedek Legal Services unless made in writing and signed by me and the Executive Director, or his/her designee.

I agree that this shall constitute a final fully binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral or collateral agreements regarding this issue. _____ initials

Signature: _____

Date: _____

Print name: _____

Bet Tzedek Legal Services is an equal opportunity employer. It is the policy of this organization to consider all job applications on the basis of merit without regard to race, color, religion, sex, pregnancy, age, national origin, ancestry, marital status, veteran status, disability, medical condition, sexual orientation, or any other protected characteristic.