



Application for Employment

JFC Security, LLC
 Phone: (216) 593-2929 ■ Fax: (216) 593-2901
 kwinebrenner@jfcleve.org

APPLICANT INFORMATION

POSITION APPLIED FOR:			DATE OF APPLICATION:	
NAME:	MIDDLE:	LAST NAME:		
STREET ADDRESS, CITY AND STATE, ZIP CODE:				
PHONE #: (Best way to contact you) – indicate if cell or home			e-mail address:	
Referral source : <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee/Relative <input type="checkbox"/> Website <input type="checkbox"/> Social Media <input type="checkbox"/> Other				
If applicable, please explain:				
May we contact you at work? <input type="checkbox"/> YES <input type="checkbox"/> NO			If yes, work # and best time to call:	
Have you filed an application here before? <input type="checkbox"/> YES <input type="checkbox"/> NO			If yes, when	
Have you ever worked for JCF Security LLC or Federation? <input type="checkbox"/> YES <input type="checkbox"/> NO			If yes, when	
Are you authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO			<i>Proof of work eligibility will be required upon employment.</i>	
Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO			If yes, explain	
Date Available for work:				
Type of employment desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Internship				
Will you work nights, weekends, and overtime if required? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Can you perform the essential functions of the job for which you are applying with or without accommodation? (<i>job description attached</i>)			<input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION: List last three (3) schools attended, starting with the most recent.

School	Number of Years Completed	Degree/ Diploma	GPA	Major/ Minor

MILITARY SERVICE

Branch	
Rank at Discharge	

EMPLOYMENT HISTORY: List your last four (4) employers, assignments, or volunteer activities, starting with the most recent.

EMPLOYER:		DATES EMPLOYED FROM TO	
ADDRESS:			
TELEPHONE:			
JOB TITLE:		HOURLY RATE/SALARY STARTING	
IMMEDIATE SUPERVISOR AND TITLE:	SUPERVISOR PHONE #:	\$	PER
REASON FOR LEAVING:		HOURLY RATE/SALARY FINAL	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER

EMPLOYER:		DATES EMPLOYED FROM TO	
ADDRESS:			
TELEPHONE:			
JOB TITLE:		HOURLY RATE/SALARY STARTING	
IMMEDIATE SUPERVISOR AND TITLE:	SUPERVISOR PHONE #:	\$	PER
REASON FOR LEAVING:		HOURLY RATE/SALARY FINAL	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER

EMPLOYER:		DATES EMPLOYED FROM TO	
ADDRESS:			
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IMMEDIATE SUPERVISOR AND TITLE:	SUPERVISOR PHONE #:	\$	PER
REASON FOR LEAVING:		HOURLY RATE/SALARY FINAL	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER

EMPLOYER:		DATES EMPLOYED FROM TO	
ADDRESS:			
TELEPHONE:			
JOB TITLE:		HOURLY RATE/SALARY STARTING	
IMMEDIATE SUPERVISOR AND TITLE:	SUPERVISOR PHONE #:	\$	PER
REASON FOR LEAVING:		HOURLY RATE/SALARY FINAL	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER

LANGUAGE SKILLS: List any foreign language(s) and check the box that best describes your proficiency level.

Language	Read (check box that best describes your proficiency level for each language listed)	Write (check box that best describes your proficiency level for each language listed)	Speak (check box that best describes your proficiency level for each language listed)
	<input type="checkbox"/> Full <input type="checkbox"/> Medium <input type="checkbox"/> Basic	<input type="checkbox"/> Full <input type="checkbox"/> Moderate <input type="checkbox"/> Basic	<input type="checkbox"/> Full <input type="checkbox"/> Moderate <input type="checkbox"/> Basic
	<input type="checkbox"/> Full <input type="checkbox"/> Moderate <input type="checkbox"/> Basic	<input type="checkbox"/> Full <input type="checkbox"/> Moderate <input type="checkbox"/> Basic	<input type="checkbox"/> Full <input type="checkbox"/> Moderate <input type="checkbox"/> Basic
	<input type="checkbox"/> Full <input type="checkbox"/> Moderate <input type="checkbox"/> Basic	<input type="checkbox"/> Full <input type="checkbox"/> Moderate <input type="checkbox"/> Basic	<input type="checkbox"/> Full <input type="checkbox"/> Moderate <input type="checkbox"/> Basic

SKILLS AND QUALIFICATIONS: Summarize special skills and qualifications acquired from employment, or other experiences that may qualify you for work with our organization.

REFERENCES: Please list three (3) professional/community

Name	Relationship	Company	Telephone

PROFESSIONAL, TRADE, BUSINESS OR CIVIC ASSOCIATIONS AND ANY OFFICES HELD:
(Exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, disability, or other protected status.)

Organization	Participation/office Held

CERTIFICATIONS, SPECIAL ACCOMPLISHMENTS AND/OR AWARDS:

ADDITIONAL INFORMATION: List any additional information you would like us to consider.

DISCLAIMER AND SIGNATURE

I certify that I have read and understood all of this employment application.

I give the Employer the right to investigate all references and confirm the accuracy of the information I have provided herein. I hereby release from any and all liability the Employer and its representatives for seeking such information and all other former employers, schools, persons, corporations, organizations and other reference sources for furnishing such information.

I understand that if I am extended an offer of employment, I may be required to submit to a complete physical examination, including blood and/or urine drug testing, to determine my ability to perform the essential functions of the job, and that any offer is conditioned upon the results of the examination. I authorize the examining health care provider to disclose to the Employer the results of such examination.

I hereby certify that the above information is true and complete and agree that any false information, misrepresentations, or material omissions in the application and interview process, including any given at the time of my post-offer pre-employment physical may be cause for rejection or may be cause for subsequent dismissal if I am hired.

Furthermore, I understand that if employed, just as I will be free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

The Employer is an equal opportunity employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only ninety (90) days. At the conclusion of this time, if I have not heard from the Employer and still want to be considered for employment, it will be necessary for me to fill out a new application.

APPLICANT NAME: _____

To be signed in the presence of the JFC Security, LLC Recruiter or a Jewish Federation of Cleveland HR professional.

SIGNATURE OF APPLICANT	DATE
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