

# JVS

## APPLICATION FOR EMPLOYMENT

*Equal Employment Opportunity Employer - M/F/Vets/Individuals with Disabilities*

**To the applicant:** We appreciate your interest in JVS. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets our needs and your qualifications. JVS is an equal opportunity employer.

### PERSONAL INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone # \_\_\_\_\_ Business # \_\_\_\_\_ Cell # \_\_\_\_\_  
 Email address: \_\_\_\_\_

Are you 18 years old or older? Yes  No  Who referred you \_\_\_\_\_

If required for the position(s) you seek: (1) do you have a valid Michigan driver's license? Yes  No

(2) do you have a valid chauffeur's license? Yes  No  Have you ever been employed by JVS? Yes  No

Position applying for \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_

Can you work evenings/weekends? Yes (specify) \_\_\_\_\_ No  Date Available for Work \_\_\_\_\_

Salary Desired \_\_\_\_\_ Are you a veteran of the U.S. Armed Forces? Yes  No

Have you ever been fired or asked to resign from a job for reasons of theft, dishonesty, assaultive behavior, fighting, verbal or physical abuse or harassment of a client, customer or co-worker? No  Yes  If yes, explain: \_\_\_\_\_

### EDUCATION

	Name/Address	Completed Yes/No	Degree
High School			GED Equivalent Yes No
College			Major
Business/Trade School			

Do you have a license/certificate, etc. to practice a trade/profession? Specify \_\_\_\_\_

List special skills or office and industrial machines/equipment you can operate \_\_\_\_\_

Do you speak or write any language fluently other than English? Yes  No  If yes, which \_\_\_\_\_

List all volunteer work experience and internships. \_\_\_\_\_

### WORK HISTORY

List below all present and past work experience, beginning with most recent. Include all paid work experience, whether it was full time, part time or temporary. Use an additional page if necessary.

1. Employer \_\_\_\_\_ Dates employed \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Position \_\_\_\_\_ Last Salary \$ \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
 Specific duties \_\_\_\_\_

Hours per week \_\_\_\_\_ Reason for leaving \_\_\_\_\_

2. Employer \_\_\_\_\_ Dates employed \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_  
Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
Position \_\_\_\_\_ Last Salary \$ \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
Specific duties \_\_\_\_\_

Hours per week \_\_\_\_\_ Reason for leaving \_\_\_\_\_

3. Employer \_\_\_\_\_ Dates employed \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_  
Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
Position \_\_\_\_\_ Last Salary \$ \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
Specific duties \_\_\_\_\_

Hours per week \_\_\_\_\_ Reason for leaving \_\_\_\_\_

4. Employer \_\_\_\_\_ Dates employed \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_  
Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
Position \_\_\_\_\_ Last Salary \$ \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
Specific duties \_\_\_\_\_

Hours per week \_\_\_\_\_ Reason for leaving \_\_\_\_\_

5. Employer \_\_\_\_\_ Dates employed \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_  
Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
Position \_\_\_\_\_ Last Salary \$ \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
Specific duties \_\_\_\_\_

Hours per week \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**APPLICANT'S ACKNOWLEDGEMENTS: Please read and sign below:**

**Truthfulness of Application Information/Authorization of Disclosures.** All the information provided by me in support of my application for employment is true and complete. Any false information, misrepresentation, or material omission may result in discipline or discharge. As part of the JVS background check process, I authorize JVS to verify any and all information provided by me in the application process, including but not limited to work history, education, and criminal background. I authorize all individuals and organizations named in this application to provide verification information, including their opinions about my performance and me. I further authorize them to release any information from my personnel record, including my prior disciplinary record, to JVS without any written notice to me of that disclosure. I release JVS and these individuals and organizations from any liability that may result from the verification process or the disclosure of my personnel record.

**At-will Employment.** If hired, I agree: 1. My employment with JVS is on an at-will basis. 2. JVS may terminate my employment at its will for any reason or no reason, with or without cause, at any time, with or without advance notice or warning. 3. To abide by all rules and regulations of JVS.

**Accommodation of Disabilities.** JVS engages with applicants and employees to identify reasonable accommodations for disabilities that affect the ability to perform essential job functions. Under Michigan law, I understand that I have 182 days from the date I know or reasonably should know that an accommodation is needed to request, in writing, an accommodation. The Americans with Disabilities Act does not contain a similar timing or written notice provision.

**Limits on Litigation.** I agree not to commence any lawsuit relating to my employment or the termination of my employment with JVS more than six months after the date of termination of my employment and I waive any statute of limitation longer than this six month period. However, I understand that this provision does not limit my ability to pursue a federal civil rights charge or a claim based on a right to sue letter as permitted by law.

**Authorization to Work in USA.** I certify that I am legally authorized to work in the United States. I understand that any offer of employment is conditional upon my ability to provide documents required by the Immigration Reform and Control Act of 1986 proving both my identity and authorization to work in the United States, and that failure to produce the documents will result in revocation of the offer or the termination of employment.

I understand that the authorizations and acknowledgements above state terms and conditions governing my employment with JVS and that my signature below indicates that I have read the terms and conditions stated above and, if hired, I accept and agree to comply with them.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_



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www.jvsdet.org

**VOLUNTARY SELF IDENTIFICATION FORM**

**Gender, Ethnicity, Race, and Veteran Status**

JVS is a government contractor subject to affirmative action requirements. In order to fulfill our reporting obligations, we request your voluntary completion of the information below. Failure to complete this form will have no bearing on the processing or status of your application and will in no way impact upon your consideration for employment with JVS. If you do not self-identify, identification will be made by visual or other judgmental factors pursuant to JVS' affirmative action reporting requirements. The information will not be maintained with your application, or if hired, your personnel file, but held in a confidential restricted file.

Name:		<b>GENDER</b> <input type="checkbox"/> Male  <input type="checkbox"/> Female
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**ETHNICITY**

**Hispanic/Latino** A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race

**Not Hispanic/Latino**

<b>RACE</b>	<b>Race Identification</b>
<b>White</b> (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the original peoples of Europe, the Middle East, or North America
<b>Black or African American</b> (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the Black racial groups of Africa
<b>Native-Hawaiian or other Pacific Islander</b> (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
<b>Asian</b> (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Viet Nam.
<b>American Indian or Alaska Native</b> (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment
<b>Two or More Races</b> (not Hispanic or Latino)	<input type="checkbox"/> All persons who identify with more than one of the above five races.

**VETERAN STATUS.** As a federal government contractor, JVS is required to take affirmative action to employ and advance in employment protected veterans. Using the definitions in the **Veteran Self-Identification Information** on the attached page, please check the box below to identify yourself as a covered veteran.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED BELOW

I AM NOT A PROTECTED VETERAN

*Non-Participation: I have read the above statement and I have chosen not to complete this form. Please check box if applicable.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

## VETERAN SELF-IDENTIFICATION INFORMATION

JVS is a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. § 4212 (VEVRAA). VEVRAA requires government contractors to take affirmative action to employ and advance in employment for: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A **"disabled veteran"** is one of the following: a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.
- A **"recently separated veteran"** means: any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An **"active duty wartime or campaign badge veteran"** means: a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An **"Armed forces service medal veteran"** means: a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Our affirmative action program contains policies and procedures that assure compliance with VEVRAA obligations. You may inform us of your desire to benefit under the affirmative action program now or at any time in the future. **Whether you choose to so identify is voluntary on your part.**

Disclosure of your status as a covered veteran is voluntary. Choosing not to provide this information will not subject you to any adverse treatment. The information provided will be used only in ways that are consistent VEVRAA

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service.

For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.



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**AUTHORIZATION TO OBTAIN INFORMATION**

In support of my application for employment, I hereby authorize JVS to investigate all statements contained in my application. I also authorize the investigation of all references and former employers contained in my application and the release of all information (which can be legally provided) to JVS concerning my prior employment, education and qualifications for employment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name (please print)

\_\_\_\_\_  
Applicant's Signature

Please list any previous names used on the lines below for verification purposes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### Authorization and Release to Obtain Information Criminal History Report

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state and local laws, I hereby authorize and permit JVS to obtain a criminal history report.

I agree that a copy of this authorization has the same effect as the original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as JVS from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act, I must request a copy of any criminal history report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize JVS to obtain a criminal history report as set forth above, as part of its investigation of my employment application. This authorization is valid as long as I am an employee or employee candidate. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment by JVS.

Have you ever been convicted of any crime? If yes, please explain. \_\_\_\_\_

Full Name of Job Applicant/Employee: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please check (✓) all that apply:

- Hispanic or Latino
- White (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Native Hawaiian or Pacific Islander (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- American Indian or Alaskan Native (not Hispanic or Latino)
- Two or More Races (not Hispanic or Latino)

Have you lived outside of the State of Michigan in the past 3 years (check one): Yes \_\_\_ No \_\_\_

Have you been a resident of the State of Michigan for the past 3 years (check one): Yes \_\_\_ No \_\_\_

**I consent for the Michigan Department of State Police to conduct a criminal history check regarding me under Public Health Code Section 20173, and I agree to provide to JVS identification acceptable to the Michigan Department of State Police.**

Print Name of Applicant: \_\_\_\_\_

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

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



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### Authorization and Release to Obtain Information Motor Vehicle Report

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state and local laws, I hereby authorize and permit JVS to obtain a motor vehicle report.

I agree that a copy of this authorization has the same effect as the original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as JVS from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act, I must request a copy of any motor vehicle report from the consumer reporting agency that compiled the report, after I have provided proper identification.

The driving policy of JVS has been explained to me. As a driver of a company vehicle, I understand that it is my responsibility to operate the vehicle in a safe manner and to drive defensively to prevent injuries and property damage.

I hereby authorize JVS to obtain a motor vehicle report as set forth above, as part of its investigation of my employment application. This authorization is valid as long as I am an employee or employee candidate. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment by JVS.

\_\_\_\_\_  
Name of Job Applicant/Employee: \_\_\_\_\_

(As it appears on the driver's license)

Driver's License Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
***The motor vehicle report may be procured by Insurance Information Exchange, a division of AMS Services, Inc. and may include my driving record, and assessment of my insurability under the Company's insurance coverage or other consumer reports.***  
\_\_\_\_\_

Print Name of Applicant: \_\_\_\_\_

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

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

**EMPLOYEE AUTHORIZATION FOR MVR REVIEW**

I acknowledge that the information contained in the Company's Vehicle Fleet Safety Policy has been reviewed with me. As a driver of a company vehicle, I understand that it is my responsibility to operate the vehicle in a safe manner and to drive defensively to prevent injuries and property damage.

I also understand that my employer will periodically review my Motor Vehicle Record (MVR) to determine continued eligibility to drive a company vehicle. In accordance with the Fair Credit Reporting Act, I have been informed that a Motor Vehicle Record will be periodically obtained on me for continued employment purposes.

I acknowledge the receipt of the above disclosure and authorize my employer or their designated agent to obtain a Motor Vehicle Record report. This authorization is valid as long as I am an employee or employee candidate and may only be rescinded in writing.

**Release:**

I hereby authorize the release of my Motor Vehicle Record to Alliant and/or JVS.

\_\_\_\_\_  
Signature of Employee, Prospective employee &/or new driver signature

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

**Please run a MVR using the following information: (Please Print)**

Drivers Name: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

State Licensed in: \_\_\_\_\_

Sincerely,

Name of Insured: \_\_\_\_\_

Signature & Title: \_\_\_\_\_

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

**HR USE ONLY**

Please fax/email to \_\_\_\_\_ when received.  
Name/email of JVS Representative

Contact our office prior to faxing the information. (Yes / No) Fax No.: 248-552-7097





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**AUTHORIZATION FOR RELEASE OF EDUCATIONAL INFORMATION**

To: \_\_\_\_\_  
(School Name)  
\_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City) (State) (Zip Code)

ATTENTION: \_\_\_\_\_ Registrar's Office-Student Records

I authorize you to release any information regarding my school records.

\_\_\_\_\_  
(Print Name) (Attended Under a Different Name)

\_\_\_\_\_  
(Signature) (Last 4 Digits of SS#) (Date)

Graduation Dates: \_\_\_\_\_

Degree Received: \_\_\_\_\_



**STUDENT RECORD: PLEASE VERIFY GRADUATION AND DEGREE RECEIVED**

*(Your Comments will be Kept Confidential)*

Graduation Date: \_\_\_\_\_

Degree Received: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

TITLE: \_\_\_\_\_

Please mail to: Jewish Vocational Service  
Attention: Human Resources - or - Fax to: (248) 552-7087  
29699 Southfield Rd.  
Southfield, MI 48076

## JVS Reference Request Form

Please provide 3 professional references

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Applicant Name

---

Position Applied For

---

Date

---

Name

---

Telephone Number, including Area Code

---

How do they know you professionally?

---

Name

---

Telephone Number, including Area Code

---

How do they know you professionally?

---

Name

---

Telephone Number, including Area Code

---

How do they know you professionally?



Oakland Community Health Network

Developmental Disabilities • Mental Health • Substance Recovery

Office of Recipient Rights

**AUTHORIZATION TO DISCLOSE  
EMPLOYEE INFORMATION  
AND RELEASE OF LIABILITY**

I, \_\_\_\_\_, authorize Oakland Community Health Network (OCHN) to disclose to  
**(PRINT FULL LEGAL NAME)**  
the PROVIDER/CONSUMER listed below any and all information in your possession regarding any violations of recipients' rights committed by me. I recognize that any disclosures cannot include confidential client information protected by any Federal, State or common law.

I, \_\_\_\_\_, release Oakland Community Health Network, its officers, its agents  
**(PRINT FULL LEGAL NAME)**  
and its employees from any and all liability, claims, suits and actions of any nature brought against Oakland Community Health Network, its officers, its agents and its employees for disclosing the information requested by me and I shall indemnify and hold them harmless should any such claims, suits or actions be filed against them.

\_\_\_\_\_  
APPLICANT SIGNATURE      / /  
DATE

\_\_\_\_\_  
APPLICANT'S PREVIOUS NAME/S OR MAIDEN  
NAME (IF APPLICABLE)

\_\_\_\_\_  
WITNESS SIGNATURE      / /  
DATE

\_\_\_\_\_  
APPLICANT'S LAST 4 DIGITS OF SS#

(Witness to ensure form is complete and legible before sending to process.)

**INFORMATION TO BE SENT TO:**

\_\_\_\_\_  
PROVIDER/CONSUMER

\_\_\_\_\_  
APPLICANT'S DATE OF BIRTH:  
MONTH AND DAY ONLY

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
DRIVER'S LICENSE #/STATE ID #

\_\_\_\_\_  
CITY                      STATE      ZIP CODE

\_\_\_\_\_  
DATE OF APPLICATION/HIRE

\_\_\_\_\_  
PHONE                      CONTACT PERSON

Please fax this form back at \_\_\_\_\_ Attn: \_\_\_\_\_

Please mail this form back at the Provider/Consumer address above.

**RIGHTS OFFICE USE ONLY**

The above applicant does \_\_\_\_\_ does not \_\_\_\_\_ have substantiated recipient rights violation(s) according to Oakland Community Health Network records.

By: \_\_\_\_\_ DATE: \_\_\_\_\_  
Vicki L. Suder, Director of Rights and Advocacy

K:ORR/Authorization to Disclose Revision 7-26-17

**E-FAX (248) 282-1754**