



**EMPLOYMENT PREFERENCE**

Position \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Date Available \_\_\_\_\_

Have you ever worked for JFCS (Family Services or JVS)? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Were you referred to JFCS by a current employee? \_\_\_\_\_ If yes, who? \_\_\_\_\_

**EMPLOYMENT HISTORY**

*Please list employment experiences beginning with most recent employer.*

Company Name and Address: \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_ mo/year \_\_\_\_\_ mo/year  
\_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Position(s)	Start Date	End Date	Salary	Immediate Supervisor

Brief description of job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact? \_\_\_\_\_

Company Name and Address: \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_ mo/year \_\_\_\_\_ mo/year  
\_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Position(s)	Start Date	End Date	Salary	Immediate Supervisor

Brief description of job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact? \_\_\_\_\_

Company Name and Address: \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_ mo/year \_\_\_\_\_ mo/year  
\_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Position(s)	Start Date	End Date	Salary	Immediate Supervisor

Brief description of job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact? \_\_\_\_\_

I certify that my answers to the questions contained in this application and any other employment documents are both complete and correct to the best of my knowledge and belief. I understand that any omission, concealment or falsification of any information on this and other employment documents is grounds for termination or denial of employment. I authorize all past employers and the references listed on my application form, as well as any other references listed on an agency "Additional References List", to give any and all information concerning my previous employment and qualifications and any pertinent information they may have. I release all parties from all liability for any damage which may result from furnishing this information. If hired, I understand my employment and compensation is at will and can be terminated with or without cause at any time at the option of the agency or myself. I further understand that no representative of Jewish Family and Children's Service other than the current JFCS Executive Director or board President has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

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