



JGS LIFECARE®

Guided by Jewish Values. Serving All Faiths.

Leavitt Family Jewish Home

Nursing Home

Ruth's House

Assisted Living Residence

Spectrum

Home Health & Hospice Care

Wernick

Adult Day Health Care

Genesis House

Subsidized Independent Living

Dear Applicant:

Thank you for your interest in joining the staff of JGS Lifecare (JGSL).

Employment applications for all JGS Lifecare positions are accepted Monday-Friday, 8:30 a.m.-4:00 p.m., at the Reception Desk in the Lobby of the Leavitt Family Jewish Home.

Before completing the attached application, we ask that you review the following information so you have an understanding of our employment application process and Criminal Offender Record Information (CORI) policy:

- JGSL is a "smoke-free" campus.
- JGSL is registered under the provisions of M.G.L.C.6, §172 to receive Criminal Offender Record Information (CORI). CORI checks will only be conducted as authorized by the Department of Criminal Justice and Information Systems and M.G.L.C.6, §172, and only after:
 - You complete the attached CORI Acknowledgement Form; and
 - You provide a **government issued photo identification** with your application.
(Examples of government issued photo identification: driver's license, passport, state identification, or any other photo identification that has been issued by a government entity.)
 - If you do not have government issued photo identification with you, for purposes of completing your application we can accept a government issued non-photographic identification (such as a social security card or a birth certificate).
 - A copy of your government issued identification will be made to keep with your application.
 - Unfortunately, if you do not have any of the required government issued identification with you, we cannot accept your application at this time. We apologize for any inconvenience this may cause you. *(A copy of the JGSL CORI policy is available upon request.)*
- JGSL is required to notify you that on September 8, 2009 we began participation in **E-Verify**, a program of the Social Security Administration and the Department of Homeland Security. Additional information regarding **E-Verify** is included with this employment application. No action is required on your part at this time.
- Information from social media sites may be used by JGSL in making a hiring decision.
- Be sure to complete the application in full. A resume may be attached, but not substituted for the completion of the application. Applicants submitting incomplete applications may not be considered for employment.

Thank you, again, for your interest in JGS Lifecare. Good luck in your job search.

Special Note to Applicants:

Each application is reviewed by Human Resources. If we are interested in interviewing, we will contact you directly within 3 weeks. Otherwise, we will keep your application on file for one year. Thank you.



JGS LIFECARE® Application for Employment

Please PRINT clearly.

Please complete this application in full. A resume can be attached but not substituted for the completion of this application.

DATE of APPLICATION: ____/____/____

TELEPHONE: _____

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET CITY STATE ZIP

E-MAIL ADDRESS: _____

Are you under 18, can you furnish a work permit? Yes No If yes, can you furnish a work permit? Yes No

Have you ever been employed here before? Yes No If yes, please give dates: _____

Are you legally eligible for employment in the U.S.? Yes No (Proof of U.S. citizenship/immigration status will be requested upon employment.)

Have you been the subject of any adverse action(s) by any duly authorized sanctioning or disciplinary agency for either conduct or performance based actions? Yes No If yes, describe in full on last page of application.

Are you related to an employee of the JGS Lifecare? Yes No
*If yes, please provide the relative's name and relationship: _____

How did you learn of our organization? _____

Date available for work: _____

Position(s) applied for: _____

Type of employment desired: Full-time Part-time Per Diem Temporary Shift: 1__ 2__ 3__

Wage/Salary expected: _____

EDUCATION	Name & Location of School	Course of Study	Number of Years Completed	Did you Graduate?	Degree or Diploma
Graduate School				<input type="checkbox"/> yes <input type="checkbox"/> no	
Undergraduate				<input type="checkbox"/> yes <input type="checkbox"/> no	
High School				<input type="checkbox"/> yes <input type="checkbox"/> no	

EMPLOYMENT HISTORY

A resume cannot be substituted for the completion of this portion of the application.

Verified work performed on a volunteer basis may be included as employment history.

Please give accurate, complete full-time and part-time employment record. START WITH PRESENT OR MOST RECENT EMPLOYER.

Company Name	Employed (Month and Year) from _____ to _____
Address	Telephone-(_____)
Name of Supervisor	Weekly Pay: Start _____ Last _____
State Job Title and Describe Your Work	Reason for Leaving:
Company Name	Employed (Month and Year) from _____ to _____
Address	Telephone-(_____)
Name of Supervisor	Weekly Pay: Start _____ Last _____
State Job Title and Describe Your Work	Reason for Leaving:
Company Name	Employed (Month and Year) from _____ to _____
Address	Telephone-(_____)
Name of Supervisor	Weekly Pay: Start _____ Last _____
State Job Title and Describe Your Work	Reason for Leaving:

Applicant's Certification and Agreement

I hereby certify that the information provided on this Application for Employment is true, correct and complete. I understand that the front and back of this application must be completed, and that a resume may be attached but not substituted for the completion of this Application for Employment form. I understand that, if employed, any misstatement or omission of fact on this Application may result in my dismissal.

I understand that I must take and pass a pre-employment physical, including a two-step Mantoux test, and a drug test as a condition of employment.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future and that my employment is to be at will.

I give permission to JGS Lifecare to obtain all information, which is pertinent to my former employment, to investigate all references and to secure additional information about me, if job related. I hereby release from liability JGS Lifecare, its representatives and employees, for seeking such information and all other persons, corporations, or organizations for furnishing such information.

Signature of Applicant

Date

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and liability.



PRE-EMPLOYMENT PHYSICAL & DRUG SCREENING NOTICE
PLEASE READ BEFORE SIGNING

If an offer of employment is made to you, it is contingent upon the results of a medical exam and drug screening. I freely and voluntarily agree to submit to a pre-employment physical (with a provider of my choice and at my expenses) and a drug screen (through a provider selected and paid for by JGSL), as it relates to the requirements of a specific job, as part of my pre-employment application to JGSL. I understand that either refusal to submit to such screening or failure to qualify according to the minimum standards established by JGSL for this screening may disqualify me from further consideration for employment. Further, I understand that any positive drug test results will be communicated in a confidential manner.

I hereby acknowledge that I have read in full and understand the above statements.

Signature of Applicant

Date