

Lubavitch Girls High School Application of Employment

6350 N Whipple St.
office@lghschicago.org
773-743-7716

We are honored that you have an interest in becoming part of our team. Please fill in this application and submit to the office.

PERSONAL INFORMATION

LEGAL First Name _____ Middle _____ **LEGAL** Last _____

Preferred Name (name used daily) _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Hebrew Birthday (month and day) _____

I am legally authorized to work in the United States: _____ Yes _____ No

If no- please explain _____

Do you have any known allergies? _____ Yes _____ No

If yes- please list and describe severity level _____

Are you a current resident of Chicago or surrounding area? _____ Yes _____ No

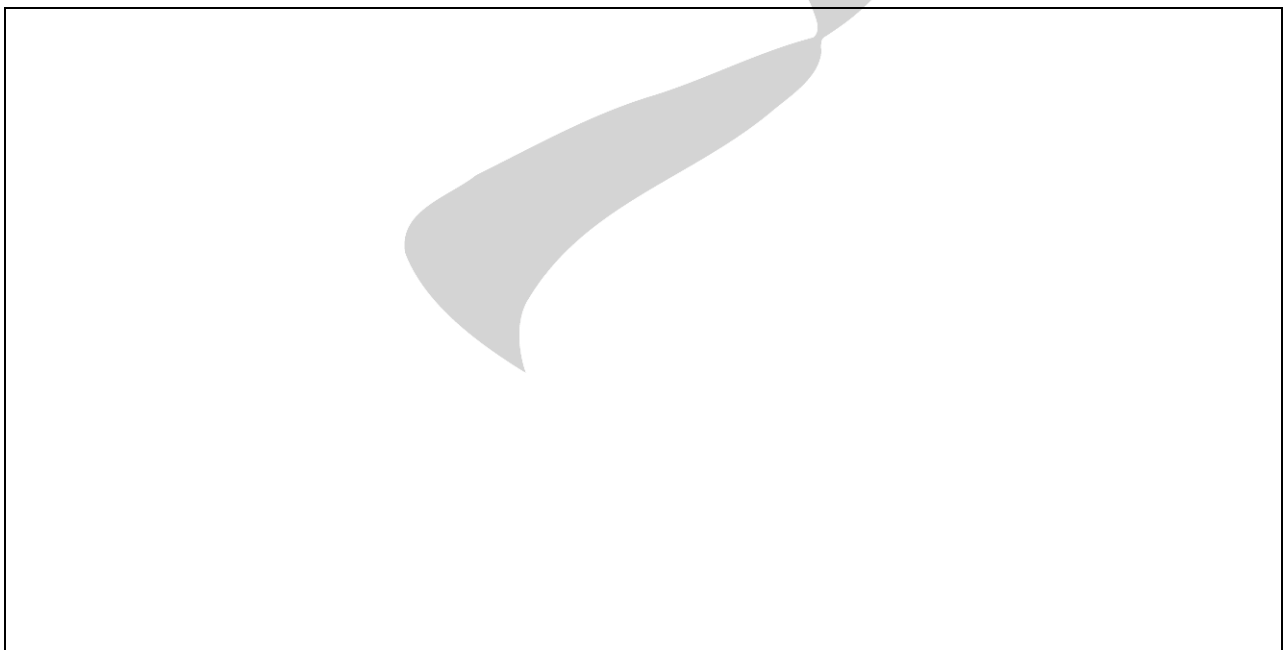
If no- please give us the date of your arrival _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. **What position are you applying for? (please specify) _____**
2. **What interests you in this position?**



3. **What qualities do you possess that would enhance our school environment?**



4. How do you like feedback given to you by your employers?



PLEASE CHECK OFF ALL THAT APPLIES TO YOU AND YOUR WORK STYLE

- I am a self-starter
- I like to pay attention to detail when working on something
- I like to see the big picture when working on something
- I like to add to things creatively when I work on them
- I like to do the things asked of me well, and do not necessarily feel the need to change/add to them
- I need gentle reminders to stay on task
- I am a problem solver
- I like to work independently
- I like to work in a group
- Being in a room with lots of people is invigorating to me
- I like to connect one-on-one with people in smaller settings

LEGAL INFORMATION

Driver's License Information

1. Has your driver's license been revoked for suspended within the past three years?
 Yes No
2. Have you been convicted of driving under the influence, manslaughter, or reckless homicide in the past three years? Yes No
3. Have you caused an accident that resulted in the death of any person within the past five years?
 Yes No

Please check if applicable:

I do not drive (do not have a license)

I do not currently have a car

Misc.

1. Have you ever been indicated as a perpetrator in a child abuse/neglect investigation?
 Yes No

If yes, please explain: _____

2. Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, state the nature of the crime, when and where convicted and the fine, sentence or penalty imposed: _____

NOTE: A conviction does not automatically disqualify an applicant from employment. The nature and severity of the crime, the time that has passed since conviction and/or completion of sentence, the nature of the job applied for and other relevant circumstances may be considered.

3. Have you ever been fingerprinted in the past for the purpose of gaining employment, securing a volunteer job, or other assignment? Yes No

If yes, when? For which organization/agency? In which state? _____

EDUCATION

Highest Grade Completed/Degree Earned: _____

HIGH SCHOOL:

Name and Location	Graduate? (Y/N)	Diploma/GED (Please specify)

UNDERGRADUATE DEGREE:

Name of School	Location	Type of Degree	Graduate? (Y/N)

GRADUATE DEGREE/OTHER:

Name of School	Location	Type of Degree	Graduate? (Y/N)

SPECIAL TRAINING/PROFESSIONAL LICENSE:

Name of Institution	Location	Professional License No.	Type of Degree/Certification	Year Obtained

*If more space is required, please use additional sheet and email or add attachment.

EMPLOYMENT HISTORY

Please list 3 most recent jobs, in chronological order.

Position/Title:		Dates of Employment:	
Name of School/Agency:		From:	
Address:		To:	
Name of Supervisor:		Phone:	
Primary Responsibilities:			
Reason for Leaving:			
May We Contact This Employer?	Yes ____ No ____		

Position/Title:		Dates of Employment:	
Name of School/Agency:		From:	
Address:		To:	
Name of Supervisor:		Phone:	
Primary Responsibilities:			
Reason for leaving:			
May We Contact This Employer?	Yes ____ No ____		

Position/Title:		Dates of Employment:	
Name of School/Agency:		From:	
Address:		To:	
Name of Supervisor:		Phone:	
Reason for leaving:			
Primary Responsibilities:			
May We Contact This Employer?	Yes ____ No ____		

*If more space is required, please use additional sheet and email or add attachment.

INTERNSHIP/VOLUNTEER EXPERIENCE

Name of Organization/Institution	City, State	Job Title/ Description	Dates of Engagement

REFERENCES (Professional References Preferred)

Name:		
Address:		
Email Address:		
Phone Number(s):		
	Work/Home	Cell
School/Agency:		
Title/Position:		
Relationship to applicant:		

Name:		
Address:		
Email Address:		
Phone Number(s):		
	Work/Home	Cell
School/Agency:		
Title/Position:		
Relationship to applicant:		

Name:		
Address:		
Email Address:		
Phone Number(s):		
	Work/Home	Cell
School/Agency:		
Title/Position:		
Relationship to applicant:		

APPLICATION CERTIFICATION AND ACKNOWLEDGEMENT (Please read and sign below)

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment as part of my application for employment with Lubavitch Girls High School that the answers given by me during the hiring process are true and correct without any reservation whatsoever. I understand that any omission or misstatement of material fact on this application, my resume, or any other document, or made during the hiring process used to secure employment shall be grounds for rejection of my application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I authorize Lubavitch Girls High School to thoroughly investigate my references, work record, education and any other matters related to my suitability for employment and, further, authorize my former employers to disclose to Lubavitch Girls High School any and all of my employment records, including disciplinary reports and letters of reprimand, without giving me notice of such disclosure. In addition, I hereby release my former employers, their respective directors, officers, employees and agents, and all other persons from any and all claims, demands, and liabilities arising out of or in any way related to such an investigation or disclosure.

Signature of Applicant _____ Date _____