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 it to the office.

PERSONAL INFORMATION

LEGAL First Name	Middle	LEGAL Last	
Full Name on tax W-4 form			
Preferred Name (name used daily)			
Home Address			
City		State	Zip
Home Phone	C	ell 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?	YesNo		
If yes- please list and describe severity	level		
Are you a current resident of Chicago	or surrounding area?	YesNo	
If no- please give us the date of your a	rrival		

PLEASE	PLEASE ANSWER THE FOLLOWING QUESTIONS		
1.	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				
\Box 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				
\square 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	Has your driver's license been revoked for suspended within the past three years? YesNo
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? YesNo
	If yes, please explain:
2.	Have you ever been convicted of a crime other than a minor traffic violation?YesNo
	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 another 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? YesNo
	If yes, when? For which organization/agency? In which state?

Note: You may skip pages 5-7 if the information is included on your resume EDUCATION					
Highest Grade Com	pleted/Degre	e Earned:			
HIGH SCHOOL:					
Name and Loc	cation	Graduate?		Diploma/GED	
		(Y/N)		(Please specify))
		•			
UNDERGRADUATE Name of Scho		Locatio	on .	Type of Degree	Graduate? (Y/N)
		Location	7 11	Type of Degree	Graduate: (1714)
GRADUATE DEGRI	EE/OTHER:				
Name of Scho	ool	Locatio	on	Type of Degree	Graduate? (Y/N)
SPECIAL TRAINING	G/PROFESSIO	ONAL LICENS	E:		
Name of Institution	Location	l l	ssional se No.	Type of Degree/Certification	Year Obtained
*16	irod places	o on oddition-l	choot and	email or add attachment	

^{*}If more space is required, please use an additional sheet and email or add attachment

EMPLOYMENT HISTORY

Please list your current employment and any previous employment that you came in contact with minors:

Position/Title:				Dat	es of Employment:
Name of School/Agency				From:	
Address:				To:	
Name of Supervisor:				Phone:	
Primary Responsibilities:					
Reason for Leaving:					
May We Contact This Er	mployer?	Yes N	0		
Position/Title:				Dat	es of Employment:
Name of School/Agency:				From:	
Address:				To:	
Name of Supervisor:				Phone:	
Primary Responsibilities:					
Reason for leaving:					
May We Contact This Er	mployer?	Yes N	0		
Position/Title:				Det	on of Franciscone
·					es 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

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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:		

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