

**CONGREGATION BETH ISRAEL**  
**P. O. Box 320, 301 E. Jefferson St., Charlottesville, VA 22902**  
**Phone: 434-295-6382    www.cbicville.org**

**APPLICATION FOR EMPLOYMENT**

Applicants are considered without regard to race, color, gender, national origin, age, religion, disability, marital or veteran status.

Position Applied for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Present Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ How long at this address? \_\_\_\_\_

Previous Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

What type of employment will you consider?    \_\_\_ Full-Time    \_\_\_ Part Time    \_\_\_ Temporary

Salary or Hourly Wage required: \_\_\_\_\_ When will you be available to start work? \_\_\_\_\_

Have you ever been employed in a faith-based setting? \_\_\_\_\_ If so, give name of organization, position(s) held, and dates: \_\_\_\_\_

Why did you leave that work? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_ Yes \_\_\_ No  
(A "yes" answer will not necessarily be grounds for rejection. The relationship between the type, number, and relatedness of convictions will be considered.) If so – provide description of offense, date, location, and disposition of conviction: \_\_\_\_\_

Have you ever been denied Fidelity Bond Coverage? \_\_\_ Yes \_\_\_ No If so, give approximate date and circumstances: \_\_\_\_\_

List any volunteer positions held : \_\_\_\_\_

Please describe your Jewish education and background (if any): \_\_\_\_\_

## RECORD OF EDUCATION

School	Name and Address of School	Course of Study/Major	Circle Last Year Completed	Did You Graduate (circle one)	List Diploma or Degree
High School			9 10 11 12	Yes Date: No	
College or University			1 2 3 4	Yes Date: No	
Graduate Work				Yes Date: No	
Other (Specify)			1 2 3 4	Yes Date:  No	

What software applications are you familiar with (e.g., Word, WorkPerfect, Excel, PowerPoint, Access)?

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List licenses, certifications, or other skills or training you consider relevant to employment at CBI: \_\_\_\_\_

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Language ability: List those you could use in your work:

English:

\_\_\_\_ Speak  
\_\_\_\_ Read  
\_\_\_\_ Write

Hebrew:

\_\_\_\_ Speak  
\_\_\_\_ Read  
\_\_\_\_ Write

Other(specify): \_\_\_\_\_

\_\_\_\_ Speak  
\_\_\_\_ Read  
\_\_\_\_ Write

Professional organizations, associations, honors you consider significant \_\_\_\_\_

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## SPECIAL SKILLS & QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience: \_\_\_\_\_

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**EMPLOYMENT AND OTHER RELEVANT (e.g., volunteer, internships) EXPERIENCE**

Start with your present or last job. If you need additional space, please continue on a supplemental sheet. A RESUME MAY SUPPLEMENT BUT MAY NOT BE SUBSTITUED FOR COMPLETION OF THIS SECTION.

Are you employed at the present time? \_\_\_Yes \_\_\_No If so, may we contact your present employer? \_\_\_Yes \_\_\_No

Employer	Telephone	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/ Salary		
Supervisor		Starting		
		\$		
Reason for Leaving		Ending		
		\$		

Employer	Telephone	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/ Salary		
Supervisor		Starting		
		\$		
Reason for Leaving		Ending		
		\$		

Employer	Telephone	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/ Salary		
Supervisor		Starting		
		\$		
Reason for Leaving		Ending		
		\$		

**Use supplement sheet for additional experience information.**

**REFERENCES** Give at least 3 contacts who can assess your work performance. Do not include family members.

Name	Business	Mailing Address	Phone and e-mail address

Are you legally eligible for employment in the United States? \_\_\_Yes \_\_\_No. You will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

As a condition of your application, Congregation Beth Israel will obtain references from former employers concerning character, general reputation, past performance, and personal characteristics to be used for employment purposes. For some positions, background checks with the Virginia State Police and Depts of Social Service are required.

**CERTIFICATION:** *Each application requires current date and original signature*

I hereby certify that all entries on all pages of this application and any attachments are true and complete, and I agree that any falsification of information herein, regardless of time of discovery, may result in termination of employment without notice. I understand that all information on this application is subject to verification. I consent to criminal history background checks. When required for the position, I also understand that I will need to provide a medical statement from my physician certifying my fitness for the position. I also consent to references, former employers, and educational institutions listed being contacted regarding this application.

**I certify that all answers herein are true and complete to the best of my knowledge.**

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

\_\_\_\_\_  
Date

**Please use this space for any additional information.**

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Arrange interview	___Yes	___NO	
Remarks: _____			
Employed: ___Yes ___No	Date of Employment _____		
Job Title: _____	Hourly Rate/Salary _____	Dept. _____	
Job Title: _____	Hourly Rate/Salary _____	Dept. _____	

## SUPPLEMENTAL EMPLOYMENT OR OTHER RELEVANT EXPERIENCE

Employer	Telephone	Dates Employed	Work Performed
		From    To	
Address			
Job Title		Hourly Rate/ Salary	
Supervisor		Starting	
Reason for Leaving		Ending	
		\$	
		\$	

Employer	Telephone	Dates Employed	Work Performed
		From    To	
Address			
Job Title		Hourly Rate/ Salary	
Supervisor		Starting	
Reason for Leaving		Ending	
		\$	
		\$	

Employer	Telephone	Dates Employed	Work Performed
		From    To	
Address			
Job Title		Hourly Rate/ Salary	
Supervisor		Starting	
Reason for Leaving		Ending	
		\$	
		\$	

Employer	Telephone	Dates Employed	Work Performed
		From    To	
Address			
Job Title		Hourly Rate/ Salary	
Supervisor		Starting	
Reason for Leaving		Ending	
		\$	
		\$	