



MILTON AND BETTY KATZ JEWISH COMMUNITY CENTER

Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) applied for:		Date of Application:			
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency		<input type="checkbox"/> Friend <input type="checkbox"/> Relative		<input type="checkbox"/> Walk-In <input type="checkbox"/> Other	
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip
<u>Contact Information:</u>					
Home:		_____			
Cell:		_____			
E-Mail:		_____			

- If you are under 18 years of age, can you provide required proof of eligibility to work? Yes No
- Have you ever filed an application with us before? Yes No
If YES, give date _____
- Have you ever been employed with us before? Yes No
If YES, give date _____
- Are you currently employed? Yes No
- May we contact your present employer? Yes No
- Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
(Proof of citizenship or immigration status will be required upon employment.) Yes No
- On what date would you be available for work? _____
- Are you available to work: Full Time Part Time Shift Work Temporary
- Are you currently on "lay-off" status and subject to recall? Yes No
- Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Elementary School	High School	Undergraduate College/University	Graduate/Professional
School Name				
Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				

Describe Course of Study	
Describe any specialized training, apprenticeship, skills and extra-curricular activities	
Describe any honors you have received	
State any additional information you feel may be helpful to us in considering your application	

Indicate any foreign languages you can speak, read and/or write

		FLUENT	GOOD	FAIR
SPEAK :	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
READ :	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITE :	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

References

Give name, address and telephone number of three references who are not related to you and are not previous employers:

1. _____

2. _____

3. _____

Have you ever had any job-related training in the United States Military? Yes No

If Yes, please describe: _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

If Yes, please describe: _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, handicap or other protected status.

1. <u>Employer:</u>	<u>Dates Employed</u> From: To:	<u>Work Performed</u>
<u>Address:</u>		
<u>Telephone Number(s):</u>		
2. <u>Employer:</u>	<u>Dates Employed</u> From: To:	<u>Work Performed</u>
<u>Address:</u>		
<u>Telephone Number(s):</u>		
3. <u>Employer:</u>	<u>Dates Employed</u> From: To:	<u>Work Performed</u>
<u>Address:</u>		
<u>Telephone Number(s):</u>		
4. <u>Employer:</u>	<u>Dates Employed</u> From: To:	<u>Work Performed</u>
<u>Address:</u>		
<u>Telephone Number(s):</u>		

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Please sign and date below:

I confirm that the information given in this application is true and accurate to the best of my knowledge.

Signature

Printed Name

Date



ACKNOWLEDGMENT AND AUTHORIZATION OF BACKGROUND CHECK

By signing below, I authorize **Jewish Community Center of Atlantic County** to obtain “consumer reports” and/or “investigative consumer reports” about me during the course of the application process and during the course of my employment, to the extent permitted by law. You have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report by contacting Crimcheck, 150 Pearl Road, Brunswick, OH 44212 [ph: 1-877-992-4325].

Massachusetts and New Jersey applicants or employees only: You have the right to inspect and promptly receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency, Crimcheck.com, Inc., directly.

Signature: _____ Date: _____

Personal Information Necessary To Facilitate Background Check

Please provide the following information in order to facilitate a background check on you.

Name: _____
First Name Middle Name (Required if applicable) Last Name

Please provide any previous names/maiden names or nicknames that have ever been associated with your name:

Current Home

Address: _____
Street Address (No P.O. Boxes) City State Zip County

Previous

Address: _____
Street Address (No P.O. Boxes) City State Zip County

How long have you lived at current address? _____

**Date of Birth: ____ / ____ / ____ Driver's License Number: _____

Driver's License State: _____

SSN _____ - _____ - _____

Email Address: _____

*** Crimcheck.com will only use this information for background screening purposes and no other purpose.*