



# 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
<b><u>Contact Information:</u></b>					
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	<b>4 5 6 7 8</b>	<b>9 10 11 12</b>	<b>1 2 3 4</b>	<b>1 2 3 4</b>
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.

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

### **Special Skills and Qualifications**

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

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***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**