



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? ☐ Advertisement ☐ Employment Agency	☐ Friend ☐ Relative	☐ Walk-In ☐ 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 : _____	☐	☐	☐
READ : _____	☐	☐	☐
WRITE : _____	☐	☐	☐

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