



Marilyn & Marvin Simon Family Jewish Community Center
5000 Corporate Woods Drive, Suite 100
Virginia Beach, VA 23462-4370
(757) 321-2338 (direct) (757) 489-4427 (fax)
APPLICATION FOR EMPLOYMENT



The Marilyn & Marvin Simon Family Jewish Community Center is firmly committed to a policy of equal employment opportunity for all qualified persons without regard to race, color, religion, national origin, age, gender, sexual orientation, non-disqualifying disability or veteran status.

GENERAL INFORMATION	Last Name First name Full Middle Name Other Names You Have Used			
	Street		City	State Zip
	()		()	()
	Home phone		Business Phone	Mobile Phone
	How were you referred?		<input type="checkbox"/> School	<input type="checkbox"/> Other
	<input type="checkbox"/> Walk-in		<input type="checkbox"/> Government Employment Agency	
	<input type="checkbox"/> Employee Name _____		<input type="checkbox"/> Private Employment Agency:	
	<input type="checkbox"/> Advertisement Source:		<input type="checkbox"/> Friend or Relative	
	Have you ever been convicted of an offense other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If yes, when?		Where?	Nature and disposition of offense?
List ALL				
If hired, can you provide proof that you are legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Under 18, can you provide proof of eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EMPLOYMENT DESIRED	What position are you applying for? <i>Please check below all that apply</i>		Salary Desired:
	<input type="checkbox"/> Lead Counselor <input type="checkbox"/> Camp Counselor <input type="checkbox"/> Special needs Supervisor <input type="checkbox"/> Special needs Assistant <input type="checkbox"/> Music Specialist <input type="checkbox"/> Israeli Cultural Arts Specialist <input type="checkbox"/> Counselor-in –Leadership-Training <input type="checkbox"/> Nurse <input type="checkbox"/> Other _____		Are you available to work? <input type="checkbox"/> Full-Time (36-40 hours per week) <input type="checkbox"/> Part-Time (less than 36 hours per week) If the position requires, are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
	What date are you available for employment?		
	If temporary or seasonal, please list last day of work.		
	Please list any qualifications you have which you feel would benefit your application, including any professional licenses and/or certifications:		

EDUCATION	TYPE OF SCHOOL	NAME OF HIGH SCHOOL AND LOCATION	MAJOR FIELD OF STUDY	DATES ATTENDED From/To	DID YOU GRADUATE?	DEGREE (Mo. & Yr. or expected date of completion)
	HIGH SCHOOL					
	HIGH SCHOOL					
	COLLEGE OR UNIVERSITY					
	OTHER FORMAL EDUCATION					

PROFESSIONAL REFERENCES	NAME	ADDRESS Street, City, State & Zip Code	AFFILIATION	TELEPHONE NUMBER

EMPLOYMENT HISTORY Please give past work experience, including service performed as an independent contractor, as completely as possible, starting with your most recent work experience. Include summer employment, unemployed or self-employed periods; show dates and locations. Use extra sheet if needed.

Position Held:	Company Name & Address:		<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temp	
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Type of business	Phone No.	Nature of Work	Employed	
			From:	To:
<input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged <input type="checkbox"/> Currently Employed	Reason for leaving:		Salary	
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Starting:	Final:

Position Held:	Company Name & Address:		<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temp	
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Type of business	Phone No.	Nature of Work	Employed	
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<input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged <input type="checkbox"/> Currently Employed	Reason for leaving:		Salary	
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Starting:	Final:

Position Held:	Company Name & Address:		<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temp	
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	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Starting:	Final:

Position Held:	Company Name & Address:		<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temp	
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Type of business	Phone No.	Nature of Work	Employed	
			From:	To:
<input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged <input type="checkbox"/> Currently Employed	Reason for leaving:		Salary	
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Starting:	Final:

CREDENTIALS	Please check all credentials you currently hold:		
	<input type="checkbox"/> Valid Driver's License <input type="checkbox"/> Commercial Drivers License <input type="checkbox"/> Babysitting <input type="checkbox"/> Child Care <input type="checkbox"/> CPR/AED (list expiration date) _____ <input type="checkbox"/> First Aid (list expiration date) _____	<input type="checkbox"/> First Aid Instructor <input type="checkbox"/> Life Guard <input type="checkbox"/> MAT Certification <input type="checkbox"/> Nursing, Type _____ <input type="checkbox"/> Water Safety Instructor <input type="checkbox"/> Other. Please Explain.	
Indicate any foreign languages you speak, read and/or write.			
Language: _____			
<input type="checkbox"/> Speak <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Read <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Write <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Speak <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Read <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Write <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Speak <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Read <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Write <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	

ASSOCIATIONS	Please list all groups, associations, and professional organizations to which you belong that may relate to the position for which you are applying.

STATEMENT	In your own words provide a description of your work with children as it relates to the position you are seeking. Why are you interested in the JCC summer camp? What attributions do you have to contribute to a successful camp? Why do you feel you are the right person for the position?

CAMP EXPERIENCE	NAME OF THE CAMP	ADDRESS Street, City, State & Zip Code	SUPERVISOR'S NAME & TELEPHONE NUMBER	TITLE OR POSITION HELD

<i>Optional</i>			
Please check the skills which you possess. Double check those you can teach.			
PROGRAM SKILLS	<input type="checkbox"/> <input type="checkbox"/> Acting/ Directing <input type="checkbox"/> <input type="checkbox"/> Astronomy <input type="checkbox"/> <input type="checkbox"/> Aquatics/ Lifeguard <input type="checkbox"/> <input type="checkbox"/> Ballet <input type="checkbox"/> <input type="checkbox"/> Balloon Animals <input type="checkbox"/> <input type="checkbox"/> Basketball <input type="checkbox"/> <input type="checkbox"/> Boating <input type="checkbox"/> <input type="checkbox"/> Camp Crafts <input type="checkbox"/> <input type="checkbox"/> Camping <input type="checkbox"/> <input type="checkbox"/> Ceramics <input type="checkbox"/> <input type="checkbox"/> Dance, Type _____ <input type="checkbox"/> <input type="checkbox"/> Dramatics <input type="checkbox"/> <input type="checkbox"/> Drawings <input type="checkbox"/> <input type="checkbox"/> Face Painting <input type="checkbox"/> <input type="checkbox"/> Golf	<input type="checkbox"/> <input type="checkbox"/> Group Games <input type="checkbox"/> <input type="checkbox"/> Group Singing <input type="checkbox"/> <input type="checkbox"/> Gymnastics <input type="checkbox"/> <input type="checkbox"/> Hebrew <input type="checkbox"/> <input type="checkbox"/> Jewish Holiday Program <input type="checkbox"/> <input type="checkbox"/> Jewish History <input type="checkbox"/> <input type="checkbox"/> Jewelry <input type="checkbox"/> <input type="checkbox"/> Leadership Skills <input type="checkbox"/> <input type="checkbox"/> Leather <input type="checkbox"/> <input type="checkbox"/> Magic <input type="checkbox"/> <input type="checkbox"/> Metal Craft <input type="checkbox"/> <input type="checkbox"/> Musical Instrument <input type="checkbox"/> <input type="checkbox"/> Nature <input type="checkbox"/> <input type="checkbox"/> Painting <input type="checkbox"/> <input type="checkbox"/> Paper Mache	<input type="checkbox"/> <input type="checkbox"/> Photography <input type="checkbox"/> <input type="checkbox"/> Rock Climbing <input type="checkbox"/> <input type="checkbox"/> Sabbath Program <input type="checkbox"/> <input type="checkbox"/> Sewing <input type="checkbox"/> <input type="checkbox"/> Soccer <input type="checkbox"/> <input type="checkbox"/> Softball <input type="checkbox"/> <input type="checkbox"/> Story Telling <input type="checkbox"/> <input type="checkbox"/> Swimming <input type="checkbox"/> <input type="checkbox"/> Tennis <input type="checkbox"/> <input type="checkbox"/> Tumbling <input type="checkbox"/> <input type="checkbox"/> Volleyball <input type="checkbox"/> <input type="checkbox"/> Wood Working <input type="checkbox"/> <input type="checkbox"/> Other, Please Explain.

Agreement:

On entering the employ of Marilyn & Marvin Simon Family Jewish Community Center ("JCC") I agree to observe all the rules of my employer and governmental regulations which may apply to my duties. I understand that any continuation of my employment shall depend upon satisfactory replies on any background checks and from my references, acceptance by the bonding company and performance satisfactory at all times to my employer. I understand and agree that my employment is for no definite period of time and may, regardless of the date of payment of my wages and salary, be terminated, with or without cause or notice, and without liability for doing so at any time. I understand that no representative of JCC, other than Harry Graber Executive Vice President, has authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing, and that any such agreement, to be enforceable, must be in writing and signed by Harry Graber Executive Vice President of the JCC.

I hereby acknowledge that Marilyn & Marvin Simon Family Jewish Community Center or its agents may wish to conduct a complete investigation of my background and suitability to provide services to JCC as an Employee. I hereby consent to and authorize the release to JCC or its agents of any and all information in the possession of any police department or other law enforcement agency, department of motor vehicles, any other state or federal agency, any personnel representing any school which I have attended, any past or present employer, any bank or other financial institution, or any credit bureau or other credit reporting agency. My signature appearing hereon should be accepted by any of the above described persons or entities as my request to disclose information in their possession to JCC or its agents. I hereby release from any and all liability JCC and its agents including any persons or entities described above which either gathers or releases information pursuant to this consent and authorization.

I further consent to any testing as may be required by JCC, including but not limited to drug and/or alcohol testing.

I certify that the information provided herein is true and complete to the best of my knowledge and belief. I understand and agree that providing false, incomplete, or misleading information will be grounds for a decision not to employ me or to terminate my employment immediately without liability for doing so.

Date

Applicant's Signature