



APPLICATION FOR EMPLOYMENT

The United Jewish Federation of Tidewater/ 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						
	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"/> Counselors (High School Graduates) minimum requirement <input type="checkbox"/> Junior Counselor (HS rising Junior) minimum requirement <input type="checkbox"/> Specialist (Activities: Sports, Music, Arts, etc.,) <input type="checkbox"/> Special needs Supervisor <input type="checkbox"/> Special needs Assistant <input type="checkbox"/> Nurse <input type="checkbox"/> Other _____								
	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	LOCATION	MAJOR FIELD OF STUDY	DID YOU GRADUATE?	DEGREE (Mo. & Yr. or expected date of completion)			
	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	
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	
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	
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	
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:	

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

PROGRAM SKILLS	<i>Optional</i> Please check the skills which you possess. Double check those you can teach.		
	<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"/> Shabbat 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"/> Song Leading <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 The United Jewish Federation of Tidewater ("UJFT")/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 the UJFT/JCC, other than the Executive Vice President or Chief Operating Officer, 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 Executive Vice President or Chief Operating Officer of the UJFT/JCC.

I hereby acknowledge that The United Jewish Federation of Tidewater/ 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 UJFT/JCC as an Employee. I hereby consent to and authorize the release to UJFT/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 UJFT/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

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the United Jewish Federation of Tidewater/Marilyn and Marvin Simon Family Jewish Community Center and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number, current and previous residences, employment history including all personnel files, education, character references, credit history and reports, criminal history records from any criminal justice agency in any or all federal, state county jurisdictions, motor vehicle records to include traffic citations and registration and any other public records.

I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I understand that I must provide my date of birth to adequately complete said screening, and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. This authorization and consent shall be valid in original, fax, or copy form.

I hereby release the United Jewish Federation of Tidewater/Marilyn and Marvin Simon Family Jewish Community Center, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me because of compliance with this authorization. You may contact me as indicated below. I understand that a copy of this authorization may be given to me at any time, provided I request it in writing. Information on this application and results of the background investigation will be maintained in confidence in accordance with company hiring practices.

Name: _____
 First Middle (full name) Last Maiden

Current address: _____
 Street City State Zip Code

Home Phone: _____ Cell Phone: _____ Email: _____

Date of Birth: ____/____/____ SSN: ____/____/____

Driver's License Number: _____ Issuing State: _____

May we contact your current employer? Yes No

Have you been convicted of a felony, misdemeanor or traffic infraction? Yes No
If yes, please explain. _____

Signature: _____ Date: _____

Please print all former names used (maiden or AKA) and residences of the past seven (7) years (city, state and zip code).

Parental Consent:

If staff member is under 18 years of age at the time of signing this document, please have a parent or legal guardian also complete the section below.

I understand and agree that _____ will be subject to the terms and policies set forth in this document and have discussed them with him/her.

Printed Name of Adult: _____ Relationship: _____

Signature of Adult: _____ Date: ____/____/____

Camp JCC 2017 Staff Application for Summer Employment June 19, 2017 - August 11, 2017

Name _____ Date _____

The following positions will exist for the summer of 2017: All positions will serve as role models for campers and each other.

Counselors (minimum requirement - high school graduate). They will serve as the lead counselor of their assigned unit participating in all aspects of the group's activities. They will serve as a role model for campers and other staff and will directly communicate all issues with the Unit Heads.

Jr. Counselors (minimum requirement - entering junior year of high school). They will assist the Sr. Counselors and campers in all aspects of the day.

Specialists will lead activity periods such as sports, arts & crafts, music, nature, etc. and must have knowledge and experience related to the specialty they are leading. Must be responsible and have the ability to instruct, assist, and supervise children in a positive manner.

Position(s) you are applying for: (please check or prioritize, if applicable)

- Nurse
 Counselor
 Jr. Counselor
 Specialist (if choosing this option, please specify area(s) you are interested in and capable of teaching)

CAMP JCC T-SHIRT SIZE (CHOOSE ONE)

- SMALL
 MEDIUM
 LARGE
 X-LARGE
 XX-LARGE
 OTHER (List size: _____)

Group Information and options: Please prioritize 1, 2, 3, the group you prefer, with the understanding we cannot guarantee your preference. All programs run Monday-Friday, 8:30 until 3:45pm (except where noted).

Lower Camp – (2 year olds- Kindergarten) – In Lower Camp, parents can choose a full-day or half-day option, based on their needs. This summer, campers in Lower Camp can look forward to special programs throughout the summer, **in addition to two family evenings at our outdoor water park.**

Upper Camp - (Grades 1 - 6) – Camp JCC is a traditional day camp that allows every child to explore their own interests and try new activities within a safe camp atmosphere. This summer includes a Camper Choice activity where campers will have the opportunity each week to choose an activity to participate in for the week. In addition, we have the following exciting activities planned:

- For 1st & 2nd graders, two late stays, two trips
- For 3rd & 4th graders, two overnights, four trips
- For 5th & 6th graders, four overnights, seven trips

_____ Lower Camp – Half Day – (2 year olds- Kindergarten, until 12:30PM)

_____ Lower Camp – Full Day – (2 year olds- Kindergarten, until 3:30PM)

_____ Upper Camp (entering 1st & 2nd grade)

_____ Upper Camp (entering 3rd & 4th grade)

_____ Upper Camp (entering 5th & 6th grade)

Please Let us know if you are available to work the following:

Post Camp – (4 year olds- 12 Years) – Most camps last only 8 weeks, but Camp JCC provides an extra two weeks of fun!

_____ Post Camp - Session 1: August 14 - 18

 Session 2: August 21 - 25

Please understand that you are applying for a part-time position that will last for up to eight weeks of camp, depending upon enrollment, between June 19th and August 11th, 2017. Post Camp runs August 14th - August 25 ; plus staff orientation (which will be held during the week of June 11 -June 15) and a Camper-Counselor Meet & Greet the evening of June 15th, more information to follow.

*Staff orientation is required.

(Summer calendar coming soon!)

- Please indicate if you are interested in any of the following extra jobs:
 - Before Camp Counselor AM: 6:30AM-9:00AM
 - After Camp Counselor PM: 3:30PM-6:00PM
 - Overnight Stays: 8:30PM - 8:30AM
- Specific assignments will not be available until June when enrollment nears completion.
- If you have any questions, Erika Eskenazi at eeskenazi@simonfamilyjcc.org or call at (757)321-2342.
- Applications for consideration **MUST** be returned no later than April 1, 2017. Early return is encouraged!

Please take the time to fill out the following:

What extra-curricular activities are you involved in?

What school do/did you attend?

List any skill(s) you have that can be useful to a great camp experience:

Why do you want to work at Camp JCC this summer?

What contributions can you make to Camp JCC this summer?

Please write below a 3-5 sentence biography of yourself for information that may be distributed to camp families.

Please sign to indicate that to your knowledge all of the above information is true.

Signature _____ Date _____

Thank you for your interest in CAMP JCC 2017

Administrative Use: Date of Interview: _____ Status: _____ Salary: _____