



EMPLOYMENT APPLICATION

PLEASE RETURN COMPLETED APPLICATION TO:

450 WEST NYACK ROAD, ATTN: HUMAN RESOURCES, WEST NYACK, NY 10994

APPLICANT INFORMATION					
Last Name		First		M.I.	Today's Date
Permanent Street Address			Apartment/Unit #		
City		State			ZIP
<input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone		E-mail Address			
Social Security#			Date of Birth:		
Position Applying For	<input type="checkbox"/> Lifeguard, Swim Staff	<input type="checkbox"/> Fitness Staff	<input type="checkbox"/> Counselor	<input type="checkbox"/> Program Specialist (Camp)	
<input type="checkbox"/> Maintenance/Facilities	<input type="checkbox"/> Special Needs Staff	<input type="checkbox"/> Members Services	<input type="checkbox"/> Other:		
I hold the following Certifications (please attach copies to application)					
<input type="checkbox"/> CPR/AED	<input type="checkbox"/> First Aid	<input type="checkbox"/> Lifeguard	<input type="checkbox"/> WSI	<input type="checkbox"/> LGI	<input type="checkbox"/> Fitness Certification:
<input type="checkbox"/> Other:					

EDUCATION		
High School		Address
Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Degree
College Address		
Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Degree
Other Address		
Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Degree

EMPLOYMENT HISTORY		
Company		Supervisor
Address	Phone	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO



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REFERENCES

- ❖ Please list three references and give them the enclosed reference form to complete.
- ❖ Your references should be someone who has knowledge of your character, work experience and ability. Present or former employer, school advisor, teacher, camp supervisor, Rabbi. Do not include a friend or relative.
- ❖ Interviews will only be schedule when all three references have been received by the JCC Rockland.

Full Name	Relationship/Years Known
Company	Phone
Address	Email Address
Full Name	Relationship/ Years Known
Company	Phone
Address	Email Address
Full Name	Relationship/ Years Known
Company	Phone
Address	Email Address

VOLUNTEER EXPERIENCE/GROUP MEMBERSHIP/LEADERSHIP

Organization	Title/Position Held
Purpose/Activities	Dates of Involvement
Organization	Title/Position Held
Purpose/Activities	Dates of Involvement

SKILLS AND TALENTS

Please rank your skill level and ability to instruct each of the following activities
(1 shows a minimum skill and 3 a high skill level)

Arts & Crafts	Theater/Drama	Israeli Dance	Gymnastics	Sports
Ceramics	Dance	Cooking	High Ropes/Belaying	Swimming
Photography	Music/ Instrument	Camp Craft/ Fire Building	Low Ropes/ Leadership	
Newspaper	Israeli Culture	Archery	Nature Hikes	

Additional, please explain:

Please share why you are interested in working at the JCC:



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CAMP STAFF OR CAMPER EXPERIENCE

Camp/Location	Position/Camper	Years Attended
Camp/Location	Position/Camper	Years Attended
Camp/Location	Position/Camper	Years Attended

PERFORMANCE ABILITY

Are there any reasons you may not be able to perform any of the major duties of the job for which you have applied? If so, how can we accommodate you so you can perform the major job related duties? Please note: the JCC Rockland is an equal opportunity employer and will make reasonable accommodations for disabilities. Example: Swimming

Have you ever been discharged or asked to resign from any position?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, explain
Have you ever been employed at or applied for a job at the JCC Rockland, or at any other JCC affiliated camp?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, where
If the job requires, do you have the appropriate valid driver's license?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, explain

AUTHORIZATION FOR BACKGROUND INVESTIGATION

I authorize the JCC Rockland, or any of its agents, to make written or oral inquiries of any of my former employers, references, doctors, or any school or educational institutions which I attended, or any law enforcement authorities or agencies, or hospitals, concerning any information given by me in my application of employment. I give permission for the JCC Rockland to complete any background investigation required for employment. I certify that the information contained on the application, which I have completed is correct, to the best of my knowledge. I understand that deliberate falsification of this information is grounds for dismissal. I release all parties from all liability for any damages that may result from furnishing this information to you.

VERACITY OF APPLICATION

I certify, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that misrepresentation or omission of facts in this application may lead to my discharge, if employed. I also understand and agree that such employment may be terminated at any time, without prior notice, and that my employment will not be governed by any express or implied contract, and is at-will.

Signature of Applicant Date

Print Name