



Osher Marin Jewish Community Center  
Employment Application

Thank you for your interest in our organization. We are proud to be an equal opportunity employer. Our selection decisions are made based upon job requirements and individual qualifications. We do not discriminate against any applicant on the basis of race, sex, age, religion, disability, national origin, sexual orientation, marital status, or any other basis prohibited by federal, state or local law.

**Applicant Information**

**Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Last First*

**Address:** \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**What position are you applying for?** \_\_\_\_\_

Have you ever applied to or worked for a JCC before? \_\_\_\_\_

If yes, when and where? \_\_\_\_\_

How did you learn about the position? \_\_\_\_\_

Do you have relatives working for this JCC? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state name(s) and relationships:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

*We may refuse to hire relatives of present employees if doing so could result in potential problems in supervision, safety, morale, or if doing so could create conflicts of interest.*

Are you looking for part-time or full-time work? (Circle one) Part-time Full-time

What days are you available for work? (Circle days)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What shifts are you available to work? (Circle times) Morning Afternoon Evening

Why do you want to work here? \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)

Yes \_\_\_\_\_ No \_\_\_\_\_



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Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?      Yes\_\_\_\_\_      No\_\_\_\_\_      If no, describe the functions that cannot be performed:

*(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)*

### Education

School	Location	Years Completed	Degree
High School Name: _____	_____	_____	_____
College Name: _____	_____	_____	_____
Special Training or Certifications: _____			

### Employment History

**Company Name:** \_\_\_\_\_

Location: \_\_\_\_\_

Position / Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

May we contact this employer for a reference? Yes\_\_\_\_\_ No\_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

Location: \_\_\_\_\_

Position / Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

May we contact this employer for a reference? Yes      No

**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_



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**Company**

**Name:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Position / Title:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ **Duties:** \_\_\_\_\_

**Reason for leaving?** \_\_\_\_\_

May we contact this employer for a reference? Yes      No

**Contact**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Please Read Carefully, Initial Each Paragraph and Sign Below**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_

I hereby authorize to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

\_\_\_\_\_

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_