

Barshop Jewish Community Center of San Antonio  
**APPLICATION FOR EMPLOYMENT**

REVISED  
7/31/12



Pre-Employment Questionnaire • An Equal Opportunity Employer

**PERSONAL INFORMATION**

|   |          |      |  |     |  |
|---|----------|------|--|-----|--|
| NAME (LAST NAME FIRST)  |          |      | SOCIAL SECURITY NO. (Last 4 digits only)<br>X X X - X X - ____ |     |  |
| PRESENT ADDRESS   | APT. NO. | CITY | STATE  | ZIP |  |
| PERMANENT ADDRESS   | APT. NO. | CITY | STATE  | ZIP |  |
| ARE YOU 18 YEARS OR OLDER? <input type="radio"/> YES <input type="radio"/> NO |          |      | HOME PHONE   |     |  |
| EMAIL   |          |      | CELL PHONE   |     |  |

**DESIRED EMPLOYMENT**

|  |   |                |
|--|---|----------------|
| POSITION   | DATE YOU CAN START  | DESIRED SALARY |
| ARE YOU EMPLOYED NOW?<br><input type="radio"/> YES <input type="radio"/> NO  | IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?<br><input type="radio"/> YES <input type="radio"/> NO | PHONE          |
| EVER APPLIED TO A JCC BEFORE?  | WHAT DEPARTMENT?  | WHEN?WHERE?    |
| EVER WORKED FOR A JCC BEFORE?  | WHAT DEPARTMENT?  | WHEN?WHERE?    |
| REASON FOR LEAVING   | NAME OF LAST SUPERVISOR AT THIS COMPANY   |                |
| WHO REFERRED YOU TO THE JCC? <input type="radio"/> EMPLOYMENT AGENCY <input type="radio"/> NEWSPAPER ADVERTISEMENT <input type="radio"/> FRIEND<br><input type="radio"/> STATE EMPLOYMENT OFFICE <input type="radio"/> COLLEGE PLACEMENT SERVICE <input type="radio"/> WALK-IN <input type="radio"/> OTHER |   |                |

**EDUCATION**

| SCHOOL LEVEL                             | NAME/LOCATION OF SCHOOL | NO. YEARS ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
|--|-------------------------|--------------------|-------------------|------------------|
| HIGH SCHOOL                              |                         |                    |                   |                  |
| COLLEGE                                  |                         |                    |                   |                  |
| TRADE, BUSINESS or CORRESPONDENCE SCHOOL |                         |                    |                   |                  |

**GENERAL**

|  |
|--|
| SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK |
| SPECIAL TRAINING                           |
| SPECIAL SKILLS                             |

**FORMER EMPLOYERS**

LIST BELOW THE LAST THREE EMPLOYERS STARTING WITH THE MOST RECENT ONE FIRST.

|                    |   |                    |       |     |
|--------------------|---|--------------------|-------|-----|
| NAME OF EMPLOYER   |   |                    |       |     |
| ADDRESS            |   | CITY               | STATE | ZIP |
| STARTING DATE      | LEAVING DATE  | POSITION           |       |     |
| WEEKLY SALARY      | MAY WE CONTACT YOUR SUPERVISOR?<br><input type="radio"/> YES <input type="radio"/> NO | NAME OF SUPERVISOR |       |     |
| TITLE              |   | PHONE              |       |     |
| REASON FOR LEAVING |   |                    |       |     |

|                    |   |                    |       |     |
|--------------------|---|--------------------|-------|-----|
| NAME OF EMPLOYER   |   |                    |       |     |
| ADDRESS            |   | CITY               | STATE | ZIP |
| STARTING DATE      | LEAVING DATE  | POSITION           |       |     |
| WEEKLY SALARY      | MAY WE CONTACT YOUR SUPERVISOR?<br><input type="radio"/> YES <input type="radio"/> NO | NAME OF SUPERVISOR |       |     |
| TITLE              |   | PHONE              |       |     |
| REASON FOR LEAVING |   |                    |       |     |

|                    |   |                    |       |     |
|--------------------|---|--------------------|-------|-----|
| NAME OF EMPLOYER   |   |                    |       |     |
| ADDRESS            |   | CITY               | STATE | ZIP |
| STARTING DATE      | LEAVING DATE  | POSITION           |       |     |
| WEEKLY SALARY      | MAY WE CONTACT YOUR SUPERVISOR?<br><input type="radio"/> YES <input type="radio"/> NO | NAME OF SUPERVISOR |       |     |
| TITLE              |   | PHONE              |       |     |
| REASON FOR LEAVING |   |                    |       |     |

**REFERENCES**

GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO WHOM YOU HAVE KNOWN AT LEAST 1 YEAR.

| NAME | ADDRESS | BUSINESS | YEARS<br>ACQUAINTED | PHONE |
|------|---------|----------|---------------------|-------|
| 1    |         |          |                     |       |
| 2    |         |          |                     |       |
| 3    |         |          |                     |       |

HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST 5 YEARS?     YES     NO

IF YES, EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

**AUTHORIZATION**

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

\_\_\_\_\_  
DATE\_\_\_\_\_  
SIGNATURE

**DO NOT WRITE ON THIS PAGE • FOR INTERVIEWER'S USE ONLY**

|                |      |
|----------------|------|
| INTERVIEWED BY | DATE |
| COMMENTS       |      |
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|              |            |            |
|--------------|------------|------------|
| HIRED DATE   | DEPARTMENT | POSITION   |
| SALARY/WAGES |            | START DATE |

|                      |                    |      |
|----------------------|--------------------|------|
| <b>APPROVED</b><br>1 | DEPARTMENT<br>HEAD | DATE |
|----------------------|--------------------|------|

|                      |                       |      |
|----------------------|-----------------------|------|
| <b>APPROVED</b><br>2 | EXECUTIVE<br>DIRECTOR | DATE |
|----------------------|-----------------------|------|

|                      |             |      |
|----------------------|-------------|------|
| <b>APPROVED</b><br>3 | COMPTROLLER | DATE |
|----------------------|-------------|------|

**Barshop Jewish Community Center of San Antonio**  
**12500 N.W. Military Hwy., Ste. 275**  
**San Antonio, Texas 78231 (210) 302-6820**

