Barshop Jewish Community Center of San Antonio

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

PERSONAL INFORMATION

NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)				
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? ❍ YES ❍ NO			HOME PHONE	
EMAIL ADDRESS			CELL PHONE	

DESIRED EMPLOYMENT

POSITION DESIRED	DATE YOU CAN START	DESIRED HOURLY RATE/SALARY
ARE YOU EMPLOYED NOW? ❍ YES ❍ NO IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? ❍ YES ❍ NO		PHONE
HAVE YOU EVER WORKED FOR THE BARSHOP JCC BEFORE? ❍ YES ❍ NO	WHEN?	JOB TITLE
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE USA? ❍ YES ❍ NO	DO YOU HAVE RELATIVES WHO WORK FOR THE BARSHOP JCC? ❍ YES ❍ NO	
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT ACCOMMODATION? ❍ YES ❍ NO		

WHO REFERRED YOU TO THE JCC? ❍ EMPLOYMENT AGENCY ❍ ONLINE JOB BOARD ❍ FRIEND ❍ JCC WEBSITE ❍ JCC EMPLOYEE
❍ STATE EMPLOYMENT OFFICE ❍ COLLEGE PLACEMENT SERVICE ❍ WALK-IN ❍ 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 SKILLS, TRAINING, VOLUNTEER EXPERIENCE

EMPLOYMENT

LIST BELOW THE LAST THREE EMPLOYERS STARTING WITH THE MOST RECENT

NAME OF EMPLOYER .			
ADDRESS	CITY	STATE	ZIP
START DATE	DEPARTURE DATE	POSITION	
	MAY WE CONTACT YOUR SUPERVISOR? O YES O NO	NAME OF SUPERVISOR	
TITLE	PHONE NUMBER		
REASON FOR LEAVING .			

NAME OF EMPLOYER .			
ADDRESS	CITY	STATE	ZIP
START DATE	DEPARTURE DATE	POSITION	
	MAY WE CONTACT YOUR SUPERVISOR? O YES O NO	NAME OF SUPERVISOR	
TITLE	PHONE		
REASON FOR LEAVING .			

NAME OF EMPLOYER .			
ADDRESS	CITY	STATE	ZIP
START DATE	DEPARTURE DATE	POSITION	
	MAY WE CONTACT YOUR SUPERVISOR? O YES O NO	NAME OF SUPERVISOR	
TITLE	PHONE		
REASON FOR LEAVING .			

REFERENCES

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

NAME	ADDRESS	OCCUPATION	YEARS ACQUAINTED	PHONE
1				
2				
3				

AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT GIVING FALSE OR MISLEADING INFORMATION BY ME ON ANY PART OF THIS APPLICATION FOR EMPLOYMENT CAN RESULT IN DISQUALIFICATION FOR EMPLOYMENT CONSIDERATION OR, IF HIRED, MAY BE GROUNDS FOR TERMINATION.

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