



Harry & Rose Samson Family
Jewish Community Center - Camp Interlaken JCC
 6255 N. Santa Monica Blvd.
 Milwaukee, WI 53217-4353
 Phone: 414/964-4444 Fax: 414/964-0922
PERSONAL DATA RECORD

Please print or type

PERSONAL IDENTIFICATION

Date _____

Name _____
 First Middle Last

Address _____

City _____ State _____ Zip _____

Social Security # _____ Home Phone (____) _____ Other (____) _____

Position(s) applying for: _____

Referred by: _____

Emergency Contact Name: _____ Telephone # Home (____) _____
 Work (____) _____

Hours available to work: _____ E-Mail _____

Have you been convicted of a crime (other than traffic violations) or been imprisoned during the last seven years? A conviction will not necessarily bar you from employment. Yes No
 If yes, explain: _____

Do you require a work permit (age 18 or less) Yes No
 Can you perform the job duties and responsibilities that are contained in the job description and/or otherwise explained to you in the job you are applying for? If not, what can be done to accommodate your limitations? _____

AN EQUAL OPPORTUNITY



EMPLOYER

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

I AUTHORIZED INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE."

I UNDERSTAND THAT BY COMPLETING THIS FORM I AM NOT GUARANTEED A JOB.

Date: _____ Signature: _____

Please print or type

PERSONAL HISTORY

If on your resume, omit questions and answers.

EDUCATION

High School: _____

Address: _____ Dates attended: _____

Year of graduation: _____ Areas of study: _____

College/ University: _____

Address: _____ Dates attended: _____

Degrees or Diplomas: _____ Areas of study: _____

College/ University: _____

Address: _____ Dates attended: _____

Degrees or Diplomas: _____ Areas of study: _____

Trade or Technical training: _____

Address: _____ Dates attended: _____

Degrees or Diplomas: _____ Areas of study: _____

Please describe any unique skills or abilities that would be pertinent to your job. _____

CERTIFICATIONS/LICENSES (examples CPR, CDL, LGT, WSI, etc.)

Title _____ Certification # (if known) _____ Sponsoring Unit _____ Expiration Date _____

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MILITARY SERVICE

Branch of Service: _____

Dates of Service: From: _____ To: _____

Duties/ Special Training: _____

Have you ever been employed by the JCC? _____ If so, please describe the position _____

When were you employed by the JCC? _____

Please print or type

SELF DESCRIPTION

Name _____

1. What are your job expectations (responsibilities – immediate objectives)?
 - a. _____
 - b. _____
 - c. _____
2. What are your prominent employment skills?
 - a. _____
 - b. _____
 - c. _____
3. What are your major employment – life accomplishments?
 - a. _____
 - b. _____
 - c. _____
4. Describe your most outstanding personality characteristics.
 - a. _____
 - b. _____
 - c. _____
5. What did you like most about your previous job?
 - a. _____
 - b. _____
 - c. _____
6. What did you like least about your previous job?
 - a. _____
 - b. _____
 - c. _____
7. Describe your previous supervisor. _____

8. What type of employment position would you like to be in within 3 years? _____

9. What are your salary expectations? _____

10. Describe your strongest people skills. _____

11. List your Judaic skills/experience. _____

CAMP SKILLS BACKGROUND INFORMATION

1. CAMP EXPERIENCE AS A CAMPER:

Name of Camp

Years Attended

2. CAMP EXPERIENCE AS A STAFF MEMBER:

3. WHAT CAN YOU CONTRIBUTE TO CAMP INTERLAKEN?

4. CAN YOU ABIDE BY THE RULES OF A SMOKE-FREE ENVIRONMENT ?

_____ YES _____ NO

5. ACTIVITY SKILL PROFICIENCY

Write **3** if you are a qualified expert with teaching experience, and can be a lead teacher for the activity.

Write **2** if you have considerable experience in the activity and could assist in teaching. Write **1** if you have interest in the activity, but not qualified to teach it. Leave blank if you have no interest in the activity.

LAND SPORTS

- Archery
- Baseball
- Basketball
- Field/Floor Hockey
- Disc Golf
- Football
- Soccer
- Softball
- Volleyball
- Ultimate Frisbee
- Golf
- Gymnastics
- Martial Arts
- Tennis
- Track/Field Events
- Fishing

OUTDOOR

- Back Packing
- Camp crafts
- Fire Building
- Outdoor Cooking
- Rappelling
- Ropes & Knot Tying
- Ropes Course

WATER SPORTS

- Diving
- Row Boating
- Sailing
- Waterskiing
- Waterski Boat Driving
- Swimming
- Windsurfing

MISCELLANEOUS

- Tutoring
- Subjects (e.g. Hebrew)
- Computers
- Programming
- Desktop Publishing
- Electronics
- Radio Broadcasting
- Model Rocketry
- Story Telling

VISUAL ARTS

- Ceramics
- Sculpture
- Jewelry
- Leatherwork
- Metalwork
- Model Building

- Painting
- Drawing
- Photography
- Photo Developing
- Video Editing
- Weaving
- Woodworking

NATURE & ECOLOGY

- Animal Care
- Astronomy
- Ecology
- Gardening
- Geology
- Reptiles

PERFORMING ARTS

- Acting
- Directing
- Magic
- Music Theatre
- Puppetry
- Script Writing
- Technical Theatre:
 - Costuming
 - Make-up
 - Set Construction

Dance:

- Ballet
- Folk/Square
- Israeli
- Modern
- Tap
- Jazz

Music:

- Guitar
- Accompanist, popular
- ear, sight, classical
- Song Leading

PHYSICAL FITNESS

- Aerobics
- Weight Training
- Yoga
- Other Areas:

Please print or type

EMPLOYMENT HISTORY

Employer _____	Start Date _____	End Date _____
Address _____	City _____	State _____
Job Title _____	Supervisor's Name _____	
Major Responsibilities _____		
Telephone # (_____) _____		
Employer _____	Start Date _____	End Date _____
Address _____	City _____	State _____
Job Title _____	Supervisor's Name _____	
Major Responsibilities _____		
Telephone # (_____) _____		
Employer _____	Start Date _____	End Date _____
Address _____	City _____	State _____
Job Title _____	Supervisor's Name _____	
Major Responsibilities _____		
Telephone # (_____) _____		
Employer _____	Start Date _____	End Date _____
Address _____	City _____	State _____
Job Title _____	Supervisor's Name _____	
Major Responsibilities _____		
Telephone # (_____) _____		

VOLUNTEER WORK

Organization: _____	From _____	To _____
Position Held: _____		
Organization: _____	From _____	To _____
Position Held: _____		
Organization: _____	From _____	To _____
Position Held: _____		

Please print or type

REFERENCES

List three professional references who are familiar with the quality of your work, have worked directly with you, and have known you at least two years (professional meaning employer, teachers or clergy).

Reference: _____
Title of Professional: _____
Address: _____ City/State/Zip _____
Home Telephone # (_____) _____ Work Telephone # (_____) _____

Reference: _____
Title of Professional: _____
Address: _____ City/State/Zip _____
Home Telephone # (_____) _____ Work Telephone # (_____) _____

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