



Harry & Rose Samson Family
JEWISH COMMUNITY CENTER
 6255 N. Santa Monica Blvd. Milwaukee, WI 53217

Date _____

PERSONAL DATA RECORD
PERSONAL IDENTIFICATION

Please print or type

Name

 First Middle Last

Permanent Address: _____

City _____ State _____ Zip _____

School Address: _____

City _____ State _____ Zip _____

Social Security # _____ - _____ - _____ Home Phone (_____) _____ Cell (_____) _____

Position(s) applying for:

Hours available to work: _____ Email _____

Referred by:

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

Work (_____) _____

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

Do you require a work permit (age 17 or less) Yes No
 Are you a US citizen or otherwise authorized to work in the US? 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 answers given herein are true and complete to the best of my knowledge.

I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.

I understand that as part of the processing procedure for my employment application an investigative report regarding my criminal record, including misdemeanors and traffic violations, may be completed. I also understand that if I am denied a job based on information included in that report, I will be supplied with a copy of that report.

I hereby understand and acknowledge that unless otherwise defined by applicable law any employment relationship with this organization would be of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in denial of employment or discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand that as a condition of employment, I may have to undergo a drug/alcohol test and a physical examination.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Date: _____ Signature: _____

If this application is completed on the computer and emailed back to us, please type your name. Your typed name will have same effect as your 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/LICENSURES (examples CPR, CDL, LGT, WSI, etc.)

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

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. (failing to have any Judaic skills/experience does not necessarily bar employment) _____

First Name _____ Middle Initial _____ Last Name _____

Day Phone (____) _____ - _____ Evening Phone (____) _____ - _____

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 # (_____) _____

Title of Professional: _____

Address: _____ City/State/Zip _____

Home Telephone # (_____) _____ Work Telephone # (_____) _____

Title of Professional: _____

Address: _____ City/State/Zip _____

Home Telephone # (_____) _____ Work Telephone # (_____) _____