



SABES JEWISH COMMUNITY CENTER  
2007 APPLICATION FOR CAMP EMPLOYMENT

We request the following information to help us make the best possible placement in our organization. We appreciate the time you spend in filling out this application. All portions of this application must be completed. In accordance with local, State and Federal laws, we do not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, sexual orientation, disability, status with regard to public assistance, or any other protected classification.

**PERSONAL INFORMATION** (PLEASE PRINT CLEARLY) Date of application \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Permanent Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

School Year Address (if applicable) \_\_\_\_\_

School Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Adult T-shirt Size \_\_\_\_\_

**EMPLOYMENT DESIRED**

Have you ever worked for the Sabes JCC before? ☐ Yes ☐ No

Position you are applying for (some positions may require prior experience):

☐ **Counselor:**

Junior (16 & 17 years old)

Senior (over 18 years old)

☐ **Special Needs Advocate**

☐ **Program Director**

☐ **Lifeguard/WSI**

☐ **Office Support/Facilities Staff**

☐ **Specialist:**

Dance

Arts & Crafts

Sports & Games

Music

Drama

Nature

Judaics

Other \_\_\_\_\_

Compensation expected for the summer: \$ \_\_\_\_\_

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

When are you available to begin working? \_\_\_\_\_

Are you at least 18 years of age? ☐ Yes ☐ No If not, please state your age: \_\_\_\_\_

Are you legally entitled to work in the United States? ☐ Yes ☐ No

What experience do you have working with children and/or working at a summer camp?

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List any licenses, certifications, designations you have, or workshops, seminars, classes you have attended that you believe pertain to the position for which you are applying.

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Please describe why you would like to work at Camp Olami this summer.

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## REFERENCES

Please provide the requested information of three references who we can contact. Include past employers, teachers, mentors, and others who are **not related to you**.

1.	Name_____	Relationship_____
	Company_____	Position_____
	Phone Number _____	E-mail_____
2.	Name_____	Relationship_____
	Company_____	Position_____
	Phone Number _____	E-mail_____
3.	Name_____	Relationship_____
	Company_____	Position_____
	Phone Number _____	E-mail_____

## EDUCATION

Education	School Name	City & State	No. of Yrs Attended	Degree Received	Major
High School					
College					
Graduate					
Other					

## EMPLOYMENT HISTORY (most recent first)

Dates:	Name, City and State of Employer	Job Title / Duties	Pay Rate	Reason For Leaving
From			From: \$	
To		Supervisor:	To: \$	May we Contact Them? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Telephone:			
From			From: \$	
To		Supervisor:	To: \$	May we Contact Them? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Telephone:			
From			From: \$	
To		Supervisor:	To: \$	May we Contact Them? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Telephone:			

(Add additional employment on a separate piece of paper)

**Please check all you are available for:**

- ☐ Staff Training (June 11-15)
- ☐ Two Friday Evening Family Events (One per session)
- ☐ Session 1 (June 18 - July 13, M-F 8:30am-4:30pm)
- ☐ Session 2 (July 16 - August 10, M-F 8:30am-4:30pm)
- ☐ Olami Mini-Session(August 13-24, M-F 8:30am-4:30pm)
- ☐ Staff meetings (twice weekly) after camp
- ☐ Extended Nights (depending on assignment)
- ☐ Overnights/Trips (depending on assignment)

If not available for any of the above, please explain:

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Have you ever been convicted, pled no contest or guilty to a felony, or been involved with a child abuse or neglect court action or official investigation? ☐ Yes ☐ No

If yes, state the date, location and nature of the incident: \_\_\_\_\_

**NOTE: A criminal background check is required for all new hires. Employment will be contingent upon the satisfactory results of this criminal background check.**

I certify that all the information contained in this application is correct. I understand that falsification of any information I provide in the hiring process will result in disqualification from further consideration or dismissal from employment. I agree to provide any further information or authorization the Sabes Jewish Community Center may require to complete the evaluation of my placement.

I understand that my employment with the Sabes JCC is conditioned upon a satisfactory background investigation, including a reference check, verification of employment and education and criminal background check. I understand that the personal information provided in my employment application may be used to obtain information for the Sabes JCC from my former employers or references regarding my employment history, character, honesty, unlawful drug use, or workplace violence.

I authorize the Sabes JCC to verify any information I have provided in my employment application, including my educational background.

A photocopy of this authorization will be considered as valid as the original. This authorization shall expire one year from the date of my signature.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**Please return this form to:**

Sabes JCC Camp Olami  
Jay & Rose Phillips Building  
Barry Family Campus  
4330 S. Cedar Lake Road  
Minneapolis, MN 55416

Camp Hotline: (952) 381-3421 / Sabes JCC: (952) 381-3400 / Fax: (952) 381-3401

E-mail: [summer@sabesjcc.org](mailto:summer@sabesjcc.org)

Check out our web page at: [www.sabesjcc.org](http://www.sabesjcc.org)