

For Sabes JCC Summer Programs and Staff For Office Use Only:

Olami
Summer Quest
STI
Extended Care

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 applicab  | le)                           |                             |  |
| Cell Phone Number   |                               |                             |  |
|   |                               |                             |  |
| EMPLOYMENT DESIRED  |                               |                             |  |
| Position you are applying for (so   | me positions may requir       | e prior experience):        |  |
| ☐ Counselor: O Junior (16 years old & O Senior (completed at                      | over)                         |                             |  |
| ☐ Specialist:   |                               |                             |  |
| O Arts & Crafts<br>O Drama  | O Sports & Games<br>O Judaics |                             |  |
| Compensation expected for the   | summer: \$                    |                             |  |
| When are you available to begin   | working?                      | <del></del>                 |  |
| Are you at least 18 years of age * Applicants must be at least 16 years of age on |                               | not, please state your age: |  |
| Are you legally entitled to work i  | n the United States?          | Yes No                      |  |

Please provide us with updated educational information:

## **EDUCATION**

| Education   | School Name | No. of Yrs<br>Attended | Degree Received | Major |
|-------------|-------------|------------------------|-----------------|-------|
| High School |             |                        |                 |       |
| College     |             |                        |                 |       |
| Graduate    |             |                        |                 |       |
| Other       |             |                        |                 |       |

Please provide us with updated employment information:

## CHILDCARE EMPLOYMENT EXPERIENCE

| Dates: | Name, City and State of Employer | Job Title / Duties | Pay Rate | Reason For Leaving   |
|--------|----------------------------------|--------------------|----------|----------------------|
| From   |                                  |                    | From: \$ |                      |
|        |                                  |                    |          |                      |
| To     |                                  | Supervisor:        | To: \$   | May we Contact Them? |
|        | Email:                           |                    |          | Yes No               |
| From   |                                  |                    | From: \$ |                      |
|        |                                  |                    |          |                      |
| To     |                                  | Supervisor:        | To: \$   | May we Contact Them? |
|        | Email:                           |                    |          | Yes No               |
| From   |                                  |                    | From: \$ |                      |
|        |                                  |                    |          |                      |
| To     |                                  | Supervisor:        | To: \$   | May we Contact Them? |
|        | Email:                           |                    |          | Yes No               |

## OTHER EMPLOYMENT EXPERIENCE (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? |
|        | Email:                           |                    |          | Yes No               |
| From   |                                  |                    | From: \$ |                      |
|        |                                  |                    |          |                      |
| То     |                                  | Supervisor:        | To: \$   | May we Contact Them? |
|        | Email:                           |                    |          | Yes No               |
| From   |                                  |                    | From: \$ |                      |
|        |                                  |                    |          |                      |
| То     |                                  | Supervisor:        | To: \$   | May we Contact Them? |
|        | Email:                           |                    |          | Yes No               |

<sup>\*\*</sup> Attached to this application are 2 reference forms for **you to send** to your references. All references must be returned **by the reference** directly to the JCC Summer Camp Program office by mail or fax.

| List any licenses, certifications, designations you have, or workshops, seminars, co you have attended that you believe pertain to the position for which you are applying. |
|---|
|   |
| Please describe why you would like to return to work at Camp Olami this summer.   |
|   |
| Please provide (in detail) one new Friday Program or Rainy Day Activity we could use this summer.   |
|   |
| List one thing you would like to learn more about during staff week.  |
|   |
| What should we do differently at camp this summer?  |
|   |
| What did you learn from working at Camp Olami that will make you a better staff member this year?   |
|   |

| Please check all you are available for:  |                   |
|--|-------------------|
| <ul> <li>□ Staff Training (June 13-17)</li> <li>□ Two Evening Family Events (One per session)</li> <li>□ Session 1 (June 20 - July 15, M-F 8:30am-4:30pm)</li> <li>□ Session 2 (July 18 – August 12, M-F 8:30am-4:30pm)</li> <li>□ Staff meetings (Monday) after camp until 5:30pm</li> <li>□ Extended Nights (depending on assignment)</li> <li>□ Overnights/Trips (depending on assignment)</li> </ul>   |                   |
| If not available for any of the above, please explain:   |                   |
|  |                   |
| Have you ever been convicted, pled no contest or guilty to a felony, or been involved with abuse or neglect court action or official investigation? $\square$ Yes $\square$ No   | h a child         |
| If yes, state the date, location and nature of the incident:   |                   |
|  |                   |
| NOTE: A criminal and sexual predator background check is required for all new<br>Employment will be contingent upon the satisfactory results of these background   |                   |
| I certify that all the information contained in this application is correct. I understand that falsification of any inform the hiring process will result in disqualification from further consideration or dismissal from employment. I agrefurther information or authorization the Sabes Jewish Community Center may required to complete the evaluation of   | ee to provide any |
| I understand that my employment with the Sabes JCC is conditioned upon a satisfactory background investigate reference check, verification of employment and education and criminal background check. I understand to information provided in my employment application may be used to obtain information for the Sabes JCC from my or references regarding my employment history, character, honesty, unlawful drug use, or workplace violence. | hat the persona   |
| I authorize the Sabes JCC to verify any information I have provided in my employment application, including background.  | j my educationa   |
| A photocopy of this authorization will be considered as valid as the original. This authorization shall expire one year my signature.  | r from the date o |
| 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: <a href="mailto:summer@sabesicc.org">summer@sabesicc.org</a>

Check out our web page at: www.sabesjccsummercamp.org