

Jewish Community Center of Greater Columbus

APPLICATION FOR EMPLOYMENT

1125 College Avenue \* Columbus, OH 43209 \* 614.231.2731 \* www.columbusjcc.org

EQUAL OPPORTUNITY EMPLOYER It is the policy of the Jewish Community Center of Greater Columbus (JCC) to provide equal opportunity to all qualified applicants in all positions without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age (40 or above), qualified disability, veteran status, the presence of non-job related medical condition or any other legally protected status. This applies to hiring, firing, promotion, compensation, and all other terms, privileges and conditions of employment.

Print Clearly & Answer All Questions

SECTION I

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ 18+?  YES  NO, if NO, DOB: \_\_\_\_\_

Email: \_\_\_\_\_ For which position are you applying? \_\_\_\_\_

List any skills, qualifications, training, education, experience or machines for this position: \_\_\_\_\_

Date you can start: \_\_\_\_\_ Lowest acceptable wage: \$ \_\_\_\_\_ per \_\_\_\_\_

Hours are you available to work:  Full-Time  Part-Time  Temporary  Days  Early Morning  Evenings  Weekends  ALL

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

SECTION II

Were you previously employed by the JCC?  YES  NO If YES, when? \_\_\_\_\_ Which dept? \_\_\_\_\_

What was your position? \_\_\_\_\_ Who was your supervisor? \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Have you applied for a job at the JCC before?  YES  NO If YES, when? \_\_\_\_\_ Position? \_\_\_\_\_

Do you have any relatives (including in-laws) employed by the JCC?  YES  NO If YES, name of relative, your relationship & their position: \_\_\_\_\_

How did you hear about this JCC job opportunity? \_\_\_\_\_

PROFESSIONAL REFERENCES

List two (2) professional references (do not list relatives):

Name Relationship Preferred Phone Number Email

Name Relationship Preferred Phone Number Email

EDUCATION

High School Attended: \_\_\_\_\_ City & State: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_

Trade School Attended: \_\_\_\_\_ City & State: \_\_\_\_\_ Major: \_\_\_\_\_

Degree: \_\_\_\_\_ or highest level finished : \_\_\_\_\_

College Attended: \_\_\_\_\_ City & State: \_\_\_\_\_ Major: \_\_\_\_\_

Degree: \_\_\_\_\_ or highest level finished : \_\_\_\_\_

## EMPLOYMENT HISTORY

Are you currently employed?  YES  NO    If YES, why do you want to change? \_\_\_\_\_  
May we contact your current employer?  YES  NO

LIST YOUR CURRENT EMPLOYER(S) AND ALL FORMER EMPLOYERS BEGINNING WITH THE MOST RECENT. INCLUDE ANY PERIODS OF UNEMPLOYMENT, SELF EMPLOYMENT, MILITARY SERVICE, ETC. INFORMATION IS SUBJECT TO VERIFICATION.

Company Name: \_\_\_\_\_ Date employed from: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Wage Rate \$ \_\_\_\_\_ Per \_\_\_\_\_  Full Time  Part Time  
Job Duties: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone # \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Date employed from: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Wage Rate \$ \_\_\_\_\_ Per \_\_\_\_\_  Full Time  Part Time  
Job Duties: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone # \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Date employed from: \_\_\_\_\_ to \_\_\_\_\_  
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Job Title: \_\_\_\_\_ Wage Rate \$ \_\_\_\_\_ Per \_\_\_\_\_  Full Time  Part Time  
Job Duties: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone # \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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### APPLICANTS CERTIFICATION AND AGREEMENT (Please read carefully before signing)

I hereby attest that I am either a citizen of the United States or have a legal right to work in the USA and I understand that if hired, I will be required to offer examination documents proving I am a United States citizen or an alien currently authorized to work in the United States. I also understand that my continued employment is contingent upon my providing the necessary documentation within the prescribed time frames. I also hereby certify, to the best of my knowledge, that the answers given are true and complete. I also understand that if I am employed, false statements, misstatements, misrepresentations, or omission of facts on this application shall be considered sufficient cause for dismissal. Employment shall be "at will" and employment may be terminated at any time with or without cause, and with or without advance notice at the option of either the company or the employee. I understand that no supervisor, manager or other representative of the JCC has any authority to enter into any express or implied contract for employment for any specific periods of time. In making this application for employment it is understood that an investigative consumer report may be prepared whereby information is obtained from former employers, education institutions, credit agencies, references, neighbors and friends. I hereby authorize any former employers, schools, credit agencies, references, neighbors and friends to furnish information about me and in consideration for their willingness to furnish information; I release them from any liability of any kind relating to the furnishing of such information, including any claims for defamation. I understand that if such investigation should reveal a false statement or derogatory reports, I may be disqualified from employment or subsequently dismissed. I agree to a physical examination, if requested, and understand that failure to meet any medical and/or health requirements for the position will prevent my employment with the Jewish Community Center of Greater Columbus. I also understand that employment, for certain positions, is conditional upon successful completion of a substance abuse screening test as part of the company's pre-employment policy.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR SUPERVISOR USE ONLY

Available Start Date: \_\_\_\_\_ Position: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

**IF OR WHEN YOU OFFER A POSITION TO THE APPLICANT:  
HAVE THE NEW HIRE PAYROLL AUTHORIZATION FORM AVAILABLE TO FILL IN.  
PAYCOM REQUIRES SPECIFIC INFORMATION TO ONBOARD AN EMPLOYEE.  
THANK YOU, HR DEPARTMENT**