

Minnesota JCC - Application for 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.

NOTE: A criminal background check is required for all new hires. Providing a safe and secure program for our members is of utmost importance to us. The information gathered in this application is designed to help us provide the highest quality programs for the people in our community. Employment will be contingent upon the satisfactory results of this criminal background check.

EMPLOYEE INFORMATION (PLEASE PRINT)

Name (Last, First, Middle) _____

Address (Street, City, State, Zip) _____

How long have you lived at this address? _____

If less than 5 years, please list your addresses for the last 5 years: _____

Primary Phone _____ Alternate Phone _____

Email Address _____

Are you under 18 years of age? Yes No Are you a US citizen/authorized to work in the US? Yes No

NOTE: In accordance with federal law, all new hires will be required to prove eligibility to work in the U.S.

EMPLOYMENT DESIRED

Position for which you are applying: _____

Which location are you applying at: Capp Center (St. Paul) Sabes Center (Minneapolis)

What interests you about this position? _____

Compensation expected: \$_____ per _____

What days of the week can you work? (Circle) M T W Th F Sat S

What hours can you work? _____

If your application is considered favorably, on what date can you start work? _____



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Have you ever applied for a job with us before? ___ Yes ___ No

If yes, when? _____ If hired, dates of employment: _____

How did you learn of this position? _____

EDUCATION

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

List any professional licenses, certification or designations that you believe may pertain to the position for which you are applying: _____

CIVIC OR VOLUNTEER PARTICIPATION

List any civic or volunteer work that you believe may pertain to the position for which you are applying:



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EMPLOYMENT HISTORY

List in order all employers for the past 10 years, current employer first. Please include a personal address for any gaps in employment greater than 3 months. Please attach an additional sheet if necessary.

Dates	Name and Address of Employer	Job Title/Duties	Pay Rate	Specific Reasons for Leaving
From: //__	_____ _____ _____ _____	_____ _____ _____ _____	From: To: _____	_____ _____ _____ _____ _____ _____
To: //__	Telephone: _____	Supervisor: _____		May we contact them?
From: //__	_____ _____ _____ _____	_____ _____ _____ _____	From: To: _____	_____ _____ _____ _____ _____ _____
To: //__	Telephone: _____	Supervisor: _____		May we contact them?
From: //__	_____ _____ _____ _____	_____ _____ _____ _____	From: To: _____	_____ _____ _____ _____ _____ _____
To: //__	Telephone: _____	Supervisor: _____		May we contact them?
From: //__	_____ _____ _____ _____	_____ _____ _____ _____	From: To: _____	_____ _____ _____ _____ _____ _____
To: //__	Telephone: _____	Supervisor: _____		May we contact them?



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REFERENCES

Reference Name	Address (City, State)	Daytime Phone	How long have you known this person?	Has this person agreed to provide a reference?
Professional/Civic				
Professional/Civic				
Personal				
Personal				
Family Member				



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MINNESOTA JCC EMPLOYEE CODE OF ETHICS

Employees of the Minnesota JCC will:

- Exhibit the highest ethical standards and personal integrity.
- Provide a professional work environment that is free from physical, psychological, written, or verbal intimidation or harassment.
- Not physically, sexually, or emotionally abuse or neglect a minor or adult.
- Share concerns about suspicious or inappropriate behavior with their supervisor or administrator.
- Report any suspected abuse or neglect of a minor to the state authorities.
- Accept their personal responsibility to protect minors and adults from all forms of abuse.

I certify that I have read, fully understand and accept all terms in the above statements.

Printed Name: _____

Signature: _____

Position: _____

Date: _____



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AUTHORIZATION TO OBTAIN RECORDS AND INFORMATION

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 may result in disqualification from further consideration or dismissal from employment. I agree to provide any further information or authorization the Minnesota JCC may require to complete the evaluation of my placement.

I understand that my employment with the Minnesota JCC is conditioned upon a satisfactory background investigation, including a reference check, verification of employment and education and criminal background check. I understand that this information is used for safety and security assurance for the Minnesota JCC, its members, participants, and members of the public.

I understand that the personal information provided in my employment application may be used to obtain information for the Minnesota JCC from my former employers or references regarding my employment history, character, honesty, unlawful drug use, or workplace violence. This investigation may include information obtained through personal interviews regarding my character and conduct.

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

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Minnesota JCC. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Minnesota JCC, and that no promises or representations contrary to the foregoing are binding on the Minnesota JCC unless made in writing and signed by me and the Minnesota JCC's designated representative.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

In the event of employment, I will comply with all of the rules, regulations, policies and practices of the Minnesota JCC as set forth in the JCC's policy manual or other communications distributed to employees. I understand that my compliance with JCC policies is a condition of continued employment.

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

I certify that I have read, fully understand and accept all terms in the above statements.

Signature _____

Printed Name _____

Date _____



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JCC USE ONLY

I have reviewed this application and have noted any missing information.

_____ High Risk Indicator Checklist attached

Screening Manager Printed Name: _____

Screening Manager Signature: _____

Date: _____

