

# JCC Day Camp Employment Application 2012

Email to: [careers@jccstl.org](mailto:careers@jccstl.org)

OR

Fax to: (314) 442-3167, Attn: Human Resources

*Help us go green this year by sending in your application electronically*

All Applicants must be at least 16 years of age by June 1, 2011. Counselors in training (CITs) must be entering the 10<sup>th</sup> grade.

**Mandatory** attendance is expected at Counselor Orientation on May 30<sup>th</sup>, 31<sup>st</sup>, & June 1<sup>st</sup>, and at our Day Camp Meet and Greet on June 3<sup>rd</sup>.

Most Camps Run for 10 weeks: June 4 - August 10

Please indicate your camp preference by checking a box below:

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Camp Kehillah-Sidney R. Baer Track (Creve Coeur)</b><br>General Outdoor Activities Camp<br>Grades K - 5   | <input type="checkbox"/> <b>Camp Essman Gadol (Chesterfield)</b><br>General Indoor/Outdoor Activities<br>Grades K - 5   |
| <input type="checkbox"/> <b>Camp Kehillah-Hyman Multin Sports Track (Creve Coeur)</b><br>Indoor & Outdoor Sports Activities<br>Grades K - 5   | <input type="checkbox"/> <b>Camp Essman Katan (Chesterfield)</b><br>General Pre-school Camp<br>3 yrs old – 5 yrs old<br><i>Requires Family Care Safety Registry</i>   |
| <input type="checkbox"/> <b>Athletes in Action Camp (Chesterfield)</b><br>Indoor/Outdoor Sports Specific Camp<br>Grades 1 - 8   | <input type="checkbox"/> <b>Gymnastics Camp (Creve Coeur)</b><br>Grades K - 5   |
| <input type="checkbox"/> <b>Milton Frank Camp of the Arts (Both Locations)</b><br>Indoor Arts & Theatre Instruction<br>Grades 3 – 8   | <input type="checkbox"/> <b>Work With Children with Disabilities (Both Locations)</b><br>Work with children with special needs throughout all JCC camps.<br>Grades: Pre-school – entering grade 9<br><i>High School Diploma/GED Required</i><br><i>Requires Family Care Safety Registry</i> |
| <input type="checkbox"/> <b>Camp Nat Koplar (Creve Coeur)</b><br>Indoor and Outdoor Activities<br>3 yrs old – 5 years old<br><i>Requires Family Care Safety Registry</i>                          | <input type="checkbox"/> <b>Pre/Post Adventure Camp Care (Both Locations)</b><br>Camp Programming for K - 5 <sup>th</sup> grade<br>Pre (7:00 – 9:00 am) and/or<br>Post (3:00 – 6:00 pm)   |
| <input type="checkbox"/> <b>Ben A' Kiba Teen Mitzvah (Creve Coeur)</b><br>General camp with an emphasis on community service projects.<br>Grades 6 - 8<br><i>High School Diploma/GED Required</i> | <input type="checkbox"/> <b>Blast Off/Last Blast (Both Locations)</b><br>May 31 - June 3/August 8 - 12<br>Grades K - 5  |
| <input type="checkbox"/> <b>Counselor in Training (CIT) (Both Locations)</b><br>For Counselors entering the 10 <sup>th</sup> grade; integrated throughout the camps.                              | <input type="checkbox"/> <b>Cheer Camp (Chesterfield)</b><br>June 1 <sup>st</sup> - 4 <sup>th</sup><br>Grades K - 5   |

**JEWISH COMMUNITY CENTER  
DAY CAMP  
APPLICATION FOR EMPLOYMENT  
(PLEASE PRINT)**

Date of Application: \_\_\_\_\_ What Date Would You Be Available to Work: \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-In  Returning Counselor

Other \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

**Permanent Address**

\_\_\_\_\_  
Number Street City State Zip Code

Telephone (\_\_\_\_) \_\_\_\_\_ E-Mail Address (Optional): \_\_\_\_\_

**Temporary School Address**

\_\_\_\_\_  
Number Street City State Zip Code

Telephone (if different from above): (\_\_\_\_) \_\_\_\_\_

If employed and you are under 18, can you furnish a work permit?  Yes  No

Have you filed an application here before? If yes, give date: \_\_\_\_\_  Yes  No

Have you ever been employed here before? If yes, give date/position: \_\_\_\_\_  Yes  No

Are you employed now?  Yes  No

May we contact your present employer?  Yes  No

Are you a U.S. citizen or can you establish that you are an authorized worker?  Yes  No

Are you on layoff and subject to recall?  Yes  No

Have you ever been convicted of, or pled guilty or nolo contendere to any crime (other than a minor traffic violation)?  Yes  No

If yes, please explain (Note that conviction of a crime will not necessarily disqualify an applicant – the nature of the crime and when the conviction occurred will be considered) \_\_\_\_\_

Do you have the physical ability to perform all essential duties of the job(s) for which you are applying?  Yes  No

If no, please explain: \_\_\_\_\_

Are there workplace accommodations which would assure better job placement and/or enable you to perform your job to your maximum capability?  Yes  No

If yes, please indicate: \_\_\_\_\_

List professional, trade, business or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin.) \_\_\_\_\_

**References**

Personal Acquaintance (non-related) Address Phone Number

Personal Acquaintance (non-related) Address Phone Number

Current Employer (Company Name) Address

Supervisor Title Phone Number

Most Recent Former Employer (Company Name) Address

Supervisor Title Phone Number

**Education**

	<b>ELEMENTARY</b>	<b>HIGH</b>	<b>COLLEGE/ UNIVERSITY</b>	<b>GRADUATE PROFESSIONAL</b>
School Name and Location				
Grade Completed by June 2012 (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities				
Honors Received:				

State any additional information you feel may be helpful to us in considering your employment: \_\_\_\_\_

Summarize special skills and qualifications acquired from employment or other experience (please include any additional educational experiences not listed in the above chart).

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**Camp Experience** *(as a camper)*

Camp Name and Location	# Years Resident	Dates Attended

**Volunteer, Leadership and Extracurricular Experience**

Organization and Location	Specific Activities	# Years Involved	Dates

**Specialized Skills** *(Please check all that apply):*

- |  |                                   |   |   |
|--|-----------------------------------|---|---|
| <input type="checkbox"/> Dance               | <input type="checkbox"/> Theatre  | <input type="checkbox"/> Arts & Crafts      | <input type="checkbox"/> Ceramics         |
| <input type="checkbox"/> Drawing             | <input type="checkbox"/> Painting | <input type="checkbox"/> Hebrew Songs       | <input type="checkbox"/> Children's Games |
| <input type="checkbox"/> Musical Instruments | <input type="checkbox"/> Singing  | <input type="checkbox"/> Jewish Programming | <input type="checkbox"/> Sports Skills    |
| <input type="checkbox"/> Nature Lore         | <input type="checkbox"/> Swimming | <input type="checkbox"/> Cooking            | <input type="checkbox"/> Other _____      |

**Please answer the following questions:**

Why do you want to work at a JCC camp? \_\_\_\_\_

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How should campers benefit from attending camp? \_\_\_\_\_

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What special skills or training do you have to help provide such benefits? \_\_\_\_\_

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**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include military service assignments and volunteer activities. Please attach a second sheet if additional space is required. For any prior camp staff positions held, please indicate whether it was at a day or resident camp.

	Dates Employed		Work Performed
Employer	From	To	
Address			
Phone			
Job Title	Hourly Rates/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
	Dates Employed		Work Performed
Employer	From	To	
Address			
Phone			
Job Title	Hourly Rates/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
	Dates Employed		Work Performed
Employer	From	To	
Address			
Phone			
Job Title	Hourly Rates/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
	Dates Employed		Work Performed
Employer	From	To	
Address			
Phone			
Job Title	Hourly Rates/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a disability or handicap.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application or any other pre-employment documents shall result in termination when discovered. I authorize you to obtain an investigative consumer report and/or a report from any law enforcement agency which may include both general and personal information about me. I authorize investigation of all statements contained herein and authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

In consideration of my employment, I agree to conform to the rules and regulations of the Center and agree that, except to the extent provided by an applicable collective bargaining agreement or other contract providing to the contrary, my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Center or myself and without notice or liability for wages or salary except such earned at the date of such termination.

In the event that I am employed, I understand that regardless of the shift and job that I am first assigned, I may be required to accept a change of job or shift depending on my demonstrated skills after employment and the needs of the Center. I consent to take any physical or medical examinations, including blood and urine or other tests for alcohol and drugs, requested by the Center in connection with the processing of my application for employment and further agree to take any such physical or medical examinations requested by the Center during my employment if I am offered and accept a job when such examinations are job-related and consistent with business necessity. I understand that such an examination may be needed in order to determine my competence to perform the job or work for which I was hired, or to identify any physical or mental condition bearing on my job performance. I understand that refusal to submit to any physical or medical examination ordered by the Center will result in rejection for employment or for disciplinary action up to and including immediate discharge. I further understand that any information obtained through such exams may be retained by the Center and is exclusively the Center's property. I also understand that the examinations will be performed by medical personnel, clinics or laboratories qualified to do the necessary work and costs for such examinations will be borne by the Center.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Position Considered: \_\_\_\_\_

Interviewed By: \_\_\_\_\_

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

Accepted for Employment: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_