

Name: _____



JCC Day Camp Employment Application 2016

Email to: careers@jccstl.org

OR

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

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

All Applicants must be at least 16 years of age by May 31, 2016 or have completed the Counselor in Training (CIT) program the summer of 2015. CITs must be entering the 10th grade.

Mandatory attendance is expected at Counselor Orientation on May 24, 25, 26, & 27, and at our Day Camp Meet and Greet on May 22.

Most camps run for 11 weeks: May 31- August 12

Please prioritize the top 3 Camps you would be interested in working at by placing 1-3 in the appropriate boxes:

General Counselor- Creve Coeur

Camp Kehillah-Sidney R. Baer

General Outdoor Activities
Grades K - 5

Hyman Multin Sports

Indoor/Outdoor Sports Activities
Grades K - 5

Milton Frank Camp of the Arts

Indoor Arts and Theatre Activities
Grades K - 5

Camp Nat Koplur

Indoor/Outdoor Activities
3 yrs - 5 yrs

Requires Family Care Safety Registry

Ben A' Kiba Teen Mitzvah

General Indoor/Outdoor Activities
& Community Service Projects
Grades 6 - 8

High School Diploma/GED Required

Pre/Post Care

Pre (7- 9am) and Post (3- 6pm)
3 yrs - 12 yrs

**Inclusion-Work with Campers
with Disabilities**

3 yrs- 21 yrs

High School Diploma/GED Required

Requires Family Care Safety Registry

Substitute Counselor

As needed Both Locations
Grades K - 5

Returning staff preferred

General Counselor- Chesterfield

Camp Essman Gadol

General Indoor/Outdoor Activities
Grades K - 5

Maccabi Sports Camp

Indoor/Outdoor Sports Activities
Grades K - 8

Cheer Camp

Indoor Cheerleading
Grades K - 5

Milton Frank Camp of the Arts

Indoor Arts and Theatre Activities
Grades K - 5

Camp Essman Katan

Indoor Activities
3 yrs - 5 yrs

Requires Family Care Safety Registry

Pre/Post Care

Pre (7- 9am) and Post (3- 6pm)
3 yrs - 12 yrs

**Inclusion-Work with Campers
with Disabilities**

3 yrs- 21 yrs

High School Diploma/GED Required

Requires Family Care Safety Registry

Substitute Counselor

As needed Both Locations
Grades K - 5

Returning staff preferred

Coordinators & Specialists- Both Locations

See job posting for requirements

Camp Nurse

Chesterfield Camps

Creve Coeur Camps

Arts Camp Coordinator

Creve Coeur

Chesterfield

Inclusion Site Liaison

Creve Coeur

Chesterfield

Specialist

Both Locations

Sports

Arts & Crafts

Team Building

Nature/Science

Communications

Cooking

Judaic

Volunteer Position

Counselor in Training (CIT)

For Counselors entering the 10th grade

Integrated into variety of camps

Both Locations

**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

	ELEMENTARY	HIGH	COLLEGE/ UNIVERSITY	GRADUATE PROFESSIONAL
School Name and Location				
Grade Completed by June 2015 (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: _____

Volunteer, Leadership and Extracurricular Experience

Organization and Location	Specific Activities	# Years Involved	Dates

Skills you can teach *(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"/> Computer Programming | <input type="checkbox"/> Video game design | <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/Outdoor living skills | <input type="checkbox"/> Swimming | <input type="checkbox"/> Cooking | <input type="checkbox"/> Other _____ |

Please elaborate on any of the skills that you checked off above, including but not limited to, where you have previously taught, any certifications you hold that pertain to said skill or any other information that is pertinent.

Please answer the following questions:

Why do you want to work at a J Day camp? _____

How will campers benefit from you being their counselor? _____

What experience do you have working with children? _____

Do you hold any of the following certifications? If so, please indicate their expiration date:

First Aid: _____ CPR: _____ Lifeguarding/WSI: _____ Medication Aide: _____ Other: _____

All positions require a 10 week commitment. **Exceptions require prior approval from the Camp Director.** Please indicate any weeks you are not available to work in the event that an exception can be made:

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: _____
