

## Jewish Community Center of Greater Albuquerque

5520 Wyoming Blvd. NE, Albuquerque, NM 87109 (505) 332-0565

## **APPLICATION FOR EMPLOYMENT**

FULL NAME:
ADDRESS:  CITY: STATE: E-MAIL: HOME PHONE: SOCIAL SECURITY NUMBER: POSITION APPLIED FOR: EMPLOYMENT DESIRED:  FULL-TIME  PART-TIME  SEASONAL  EMPLOYMENT ELIGIBILITY  ARE YOU A U.S. CITIZEN?  *IF NO, ARE YOU ALLOWED TO WORK IN THE U.S.?  HAVE YOU EVER WORKED FOR THE JCC BEFORE?  YES*  NO
CITY:
E-MAIL:
SOCIAL SECURITY NUMBER: DATE AVAILABLE: POSITION APPLIED FOR: BMPLOYMENT DESIRED: FULL-TIME PART-TIME SEASONAL
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HAVE YOU EVER WORKED FOR THE JCC BEFORE?
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*IF VES WRITE THE START AND END DATES:
II TES, WITTE THE START AND END DATES.
HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES* ☐ NO
*IF YES, PLEASE EXPLAIN:
EDUCATION
HIGH SCHOOL: CITY/STATE:         FROM: TO: GRADUATE: YES NO
COLLEGE: CITY/STATE:
FROM:TO:GRADUATE:
DEGREE:
COLLEGE: CITY/STATE:
FROM:TO:GRADUATE:
DEGREE:

## **CURRENT & PREVIOUS EMPLOYMENT HISTORY**

EMPLOYER 1:				
Company / I				
E-MAIL:	PHONE:			
ADDRESS:				
Street Address		Sui	te	
City	State	Z	Zip Code	
STARTING PAY: \$	🗆 HOUR 🗆 SALAI	RY ENDING PAY: \$	□ HOUR □ SALARY	
JOB TITLE:	_ RESPONSIBILIT	IES:		
FROM:	TO:			
REASON FOR LEAVING:				
EMPLOYER 2:				
Company / In	dividual			
E-MAIL:		_ PHONE:		
ADDRESS:				
Street Address			Suite	
City	State	Zip Code		
STARTING PAY: \$	🗆 HOUR 🗆 SALAI	RY ENDING PAY: \$	🗆 HOUR 🗆 SALARY	
JOB TITLE:	_ RESPONSIBILIT	IES:		
FROM:				
REASON FOR LEAVING:				
	MIL	ITARY SERVICE		
ARE YOU A VETERAN:				
			::	
FROM:	TO:			
IF NOT HONORABLE DIS	CHARGE, PLEASE	E EXPLAIN:		

## ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? ☐ YES ☐ NO

JCC completes a nationwide criminal life-time background check on all applicants. Please be aware that you may be rejected or terminated based on an unacceptable background check.

PROFESSIONAL REFERENCES			
1. FULL NAME: _		RELATIONSHIP:	
	First Last		
COMPANY:		TITLE:	
E-MAIL:		PHONE:	
		RELATIONSHIP:	
	First Last	TITLE:	
COMI ANT.			
E-MAIL:		PHONE:	
3. FULL NAME:		RELATIONSHIP:	
	First Last	<del></del>	
COMPANY:		TITLE:	
E-MAIL:		PHONE:	
diversity. In order		oportunity Employer and committed to excellence through acceptable, please print or type with the application being fully	
Please complete	each section EVEN IF you d	ecide to attach a resume.	
leads to my event		ue and honest to the best of my knowledge. If this application and that any false or misleading information in my application or terminated.	
SIGNATURE		DATE	
PRINT NAME			