

## Employment Application

**EQUAL EMPLOYMENT OPPORTUNITY:** The Mittleman Jewish Community Center (MJCC) is an equal opportunity employer and does not discriminate on the basis of race, color, creed, sex, national origin, sexual orientation, marital status, religion, political affiliation, veteran status, physical or mental disability or any other legally protected status unless it is a bona fide occupational requirement reasonably necessary to Agency operations. Certain positions may require specialized knowledge of the Jewish religion and culture.

**REASONABLE ACCOMMODATION:** Applicants with disabilities may request reasonable accommodation in the MJCC's recruitment and selection process by contacting the Human Resources Manager.

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Last Name	First Name	Middle Name
Address	City	State      Zip
Telephone Number(s): Home	Cell	Email

Have you ever applied for employment with MJCC? Yes  No       Date & Position: \_\_\_\_\_

Have you ever been employed by MJCC? Yes  No       Dates & Position: \_\_\_\_\_

If hired, can you provide proof that you are authorized to work in the United States? Yes  No

**CRIMINAL RECORD:** *(Conviction of a crime is not an automatic bar to employment. We consider factors such as the nature and gravity of the crime, the length of time since the conviction and/or completion of any sentence, and the nature of the job you have applied for. Do not list any arrest, charge, detention or conviction that has been judicially expunged, sealed, impounded or eradicated.)*

Have you ever been convicted, plead guilty or no contest, or forfeited bond or bail Yes  No   
 for any crime other than traffic violations? *(DUI is not considered a traffic violation.)*

If yes, please give details: \_\_\_\_\_

**SKILLS:** *(Some positions at MJCC require the use of a personal computer. Please indicate your level of skill in the following areas.)*

B = Basic    I = Intermediate    A = Advanced    Blank = No Experience/Skill In This Area

_____ Personal Computer	_____ Microsoft Word	_____ Microsoft Excel
_____ Calculator/10-Key	_____ Microsoft Access	_____ Microsoft Power Point

**CERTIFICATIONS:** *(Please check all that apply. Certifications must be Red Cross or equivalent.)*

_____ Lifeguard Training	_____ CPR (Professional Rescuer)	_____ First Aid	_____ AED
_____ Water Safety Instructor	_____ Personal Trainer	Other _____	

**EDUCATION:** *(Please list your education or training including college and business, technical, trade, correspondence and military schools, etc.)*

Please circle highest year completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20+

Did you graduate from high school: Yes  No  GED? Yes  No

School Name and Address	Course of Study/Major	Degree/Certificate

**ADDITIONAL INFORMATION:** *(Use this space to add other job-related information you wish for us to consider.)*

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**WORK EXPERIENCE:** *Begin with your present position, or, if unemployed, your most recent position. Be accurate and account for all of your time. **Add copies of this page to include additional work experience; your resume will not substitute for additional pages. Do not write "see resume."** Include all military, non-paid, or volunteer work related to this position. Use the previous section to account for any gaps in your employment.*

From:	To:	Employer:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Position:		Address:	
Duties: (be specific)			
Starting Salary:	Supervisor's Name & Telephone Number:		Reason For Leaving:
Ending Salary:			

From:	To:	Employer:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Position:		Address:	
Duties: (be specific)			
Starting Salary:	Supervisor's Name & Telephone Number:		Reason For Leaving:
Ending Salary:			

From:	To:	Employer:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Position:		Address:	
Duties: (be specific)			
Starting Salary: Ending Salary:		Supervisor's Name & Telephone Number:	Reason For Leaving:
From:	To:	Employer:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Position:		Address:	
Duties: (be specific)			
Starting Salary: Ending Salary:		Supervisor's Name & Telephone Number:	Reason For Leaving:
From:	To:	Employer:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Position:		Address:	
Duties: (be specific)			
Starting Salary: Ending Salary:		Supervisor's Name & Telephone Number:	Reason For Leaving:
From:	To:	Employer:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Position:		Address:	
Duties: (be specific)			
Starting Salary: Ending Salary:		Supervisor's Name & Telephone Number:	Reason For Leaving:

**VERIFICATION AND SIGNATURE:** *Please read carefully and initial each statement.*

\_\_\_\_\_ I authorize the investigation of all matters which MJCC deems relevant to my qualification for employment, including all information given in this application and any attachments, supporting documents or interviews. I authorize you to request and receive such information and I release from all liability any persons (e.g. current or former supervisors, coworkers) employers, or other entities (e.g. schools) supplying it. I also release you and MJCC from all liability that may result from making the investigation.

\_\_\_\_\_ I certify that all of the information given in this application and in any attachments, supporting documents or interviews is (or will be) true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, generally will result in denial of employment, withdrawal of any offer of employment, or immediate termination, regardless of when or how discovered.

\_\_\_\_\_ I understand that I may be required to submit to a criminal background check, pre-or post-employment physical and other professional examinations, medical inquiries and/or urinalysis tests for the presence of drugs and/or alcohol. I agree to such examinations, inquiries and/or testing at MJCC's expense. I authorize release of the results to MJCC and their use to evaluate my suitability for employment. I also release MJCC from all liability arising out of or connected with any examinations, inquiries or testing.

\_\_\_\_\_ I understand that my employment is "at will," and I may resign or be terminated, without cause or notice, at any time. I also understand that the Chief Executive Officer is the only person who will ever have the authority to agree to any other terms, and that those terms must be in writing and signed by both parties.

Signature: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

Submit Applications to: MJCC Human Resources Department  
6651 SW Capitol Highway  
Portland, Oregon 97219

Applications returned by e-mail will not be considered. Only signed, complete applications will be considered. Resumes are optional and do not replace the application form unless noted otherwise in the job announcement. Applications must be received by 5:00 p.m. on the closing date, unless it is an open, continuous recruitment.

Unless submitted for an open, continuous recruitment, this application will only be considered active for the duration of the recruitment and selection period noted on the job announcement. Applications submitted in open, continuous recruitments will be maintained for four months. You must complete and submit a new employment application if you wish to be considered for another opening. Further, due to the volume of applications received, not every candidate who applies for a position will receive an interview.

MJCC IS AN EQUAL OPPORTUNITY EMPLOYER