

## Employment/Volunteer Application

Date of Application:

The Boys & Girls Club is part of a nationwide and local effort to help assure the protection of children from abuse and exploitation. In order to safeguard the well being of the youth served, the Boys & Girls Club investigates the accuracy of data provided in the application process for all applicants before staff will be considered for employment. This investigation may include, but is not limited to, reference checking with past employers, schools, appropriate volunteer agencies, police and other government agencies. Polygraph and fingerprinting will be used when necessary to verify particular circumstances. After employment, a statement of good health may be required from a physician.

The Boys and Girls Club of the Tri-County Area is an equal opportunity employer. The Club is committed to the spirit and letter of all federal, state and local laws and regulations pertaining to equal opportunity. To this end, the Club does not discriminate against any individual with regard to race, color, religion, sex age, national origin, disability, veteran status or other protected status. This policy extends to all terms, conditions and privileges of employment as well as the use of all Club facilities. No form of unlawful discriminations, including unlawful harassment, will be condoned.

The Boys and Girls Club of the Tri-County Area is an at-will employer and either the employee or the employer may terminate employment at any time, with or without notice and for any reason. No agreement to the contrary will be recognized unless such an agreement is in writing and signed by the Board President.

## POSITION APPLYING FOR:\_\_\_\_\_

Can you perform the essential functions of the position for which you are applying with or without reasonable accommodations? \_\_\_\_\_yes \_\_\_\_\_ no If no, please explain. (If you have a question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question.)

Paid Full Time Paid Part Time Volunteer		Salary Requiredhr/yr Date Available Willing to Travel	
Work Study		Days & Hours Available	
Name:		Telephone:	
Last Current Address:	First	MI	



Permanent	Address:				
City:		S	tate:		
Zip:					
	ress:	(7.0	<u> </u>		
Are you at work.)	least 18 years old?	_ (If no, you	may be required to	provide authorizati	on to
VOLUNTE ASKED T(	U EVER BEEN TERM EER POSITION, SUSPI D RESIGN FROM A JC TANCES	ENDED FRO DB? YES	M AN EDUCATIO _ NO IF YES,	NAL INSTITUTIO	ON OR
	gally eligible for employ employment, you will b				ility.)
If yes, wh	ver worked for this organere?	When			
EDUCATI	ow anyone that works for <u>ON BACKGROUND:</u> ou for the position you	Please indic	ate education or tr		
quannes y	ou for the position you	are seeking.	<u>.</u>		
School <u>High</u> School	Name & Location	Major	From/To	Graduate	Degree
College					
Technical					
School					
If you did n	not graduate from any sc	chool you atte	ended, state why:		
Related trai	inings you have received g:	d that would	enable you to perfor	m the position for v	which you

Professional License, or Memberships, Awards, Publications (You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status, or any other protected status) :\_\_\_\_\_\_



Have you ever been convicted of a felony? Yes\_\_\_\_\_ No \_\_\_\_\_. If yes, describe in full.\_\_\_\_\_

Do you have a valid drivers license? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, from which state(s)\_\_\_\_\_

## Work Experience:

Show present or last employer first and work back. Do not detail duties and responsibilities if described in attached resume. Use additional pages if necessary. Cannot attach resume, complete in its entirety.

Company Name:						
Your Position:						
Date Started (Mo/YR):	ate Started (Mo/YR): Date Left (Mo/YR):					
Starting Wage	Ending Wage					
Supervisor's Name:	Telephone #:					
Supervisor's Title:	May we contact employer: Yes	_No				
Description of duties and re-	esponsibilities					
Reason for Leaving:						
Company Name:						
Your Position:						
Date Started (Mo/YR):	Date Left (Mo/YR):					
	_ Ending Wage					
Supervisor's Name:	Telephone #:					
	May we contact employer: Yes					
Description of duties and re	esponsibilities					
Reason for Leaving:						
Company Name:						
Company Address:						
Your Position:						
Date Started (Mo/YR):	Date Left (Mo/YR):					
Starting Wage	_ Ending Wage					



Supervisor's Name:	Telephone #:	
Supervisor's Title:	May we contact employer: Yes	No
Description of duties and responsibilities		
Reason for Leaving:		
Use and additional sheet of paper if more s	pace is necessary.	
May we contact your present employer? _	YesNo	
If employment was under a different name,	, indicate name:	
Volunteer Experience:		
Agency or Company Name:		
Address:	_ Supervisor's Name:	
Telephone #: May we contact supervisor? Yes No	_ Supervisor's Title:	
May we contact supervisor? Yes No	How long there?	
Duties:		
References (Not related to you)		
Professional and Personal References		
1.Name	Address:	
Phone:	Relationship:	
2. Name:	Address:	
Phone:	Relationship:	
3. Name:	Address:	
Phone:	Relationship:	
Skills and Interests:		
If accepted, what kind of assignment would	d you prefer:	

All information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection or may be cause for subsequent dismissal if I am hired.

I voluntarily and knowingly authorize any former employer, person, firm, corporation, school or government agency, its officers, employees and agents to release any and all information, excluding medical information, concerning my former employment to \_\_\_\_\_\_\_\_, its officers, employees and agents, or any other person or entity making a written or oral request for such information on behalf of this company. I understand that the employment information may include but is not necessarily limited to performance evaluations and reports, job descriptions, disciplinary reports, letters of reprimand, opinions, and public record information regarding my suitability for employment possessed by it. In addition, I recognize that a copy of this authorization and release is as valid as the original and should be considered as such.

I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless such former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of



such materials/information except for false information disclosed for the purpose of maliciously interfering with my prospective employment interests.

I understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of this organization has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by an officer.

If you decide to engage an investigating consumer reporting agency to report on my credit and personal history and/or request a Crime Information Bureau Records Check with a local law enforcement agency, I authorize you to do so. If a record is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature of the information contained in the report.

In addition, I have been informed that this Employer fully supports a drug-free work environment and as such, maintains a drug test policy. Pursuant to that policy, I acknowledge that I may be required to submit to a drug test upon receipt of a conditional offer of employment, as well as during employment with this Employer

Signature:	Date:	
In case of emergency, please contact:		
Name:	Telephone #:	
Address:		
Relationship to you:		