

**Personal Information**

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

Present Address: \_\_\_\_\_  
*Street City State Zip*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Employment Desired**

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you employed now? Yes  No  If so, may we contact your present employer? Yes  No

Ever applied to this organization before? Yes  No  Where? \_\_\_\_\_ When? \_\_\_\_\_

Referred by: \_\_\_\_\_

**Education (include high school, vocational, military and any other)**

Educational Level	Name & Location of School	Did you graduate?	Course of Study
High School			
College			
Other			

Will you attend any school this year? Yes  No  School/Program: \_\_\_\_\_

**School Year Availability: Please list the hours you are available Sept-May during the timeframe of 2:00-7:00pm**

Monday	Tuesday	Wednesday	Thursday	Friday

**Summer Availability- Please list the hours you are available June-August during the timeframe of 9:00am-5:00pm**

Monday	Tuesday	Wednesday	Thursday	Friday

**Areas of Interest and Volunteer Experiences:**

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony, misdemeanor or any other offense including municipal violations (other than a minor traffic violation)? Yes  No

If yes, Misdemeanor Felony Other. Employment may be refused or terminated only if a conviction substantially relates to the job.

Have you ever been involuntarily discharged from a job? Yes  No  If yes explain, providing the reason, dates, and employers name. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

<b>Experience (List current first)</b>			
From (Month/Year) _____	Employer	Dept/Unit	Phone
To (Month/Year) _____	Address	City/State/Zip	
Final Rate: \$ _____	Your Position & Title	Hours Per Week	Shift(s)
	Duties		Supervisor
	Reason for Leaving		Check here if we can use as a reference <input type="checkbox"/>
From (Month/Year) _____	Employer	Dept/Unit	Phone
To (Month/Year) _____	Address	City/State/Zip	
Final Rate: \$ _____	Your Position & Title	Hours Per Week	Shift(s)
	Duties		Supervisor
	Reason for Leaving		
From (Month/Year) _____	Employer	Dept/Unit	Phone
To (Month/Year) _____	Address	City/State/Zip	
Final Rate: \$ _____	Your Position & Title	Hours Per Week	Shift(s)
	Duties		Supervisor
	Reason for Leaving		

Are you a US Citizen or alien who has a legal right to work in the position for which you are applying?    Yes     No

Are you 18 years or older?    Yes     No

Are you able to safely perform the essential functions of the position for which you are applying with or without reasonable accommodations?    Yes     No

Describe accommodations required: \_\_\_\_\_

- I certify that information included in this application is true, correct, and complete without misrepresentations or omissions of any kind. I understand that if the information on this application form is discovered to be false, incorrect, or misleading, or if there are any misrepresentations or omissions of any kind, then it is just cause for rejection of this application or dismissal from employment and the Club shall not be liable in any respect.
- I hereby grant permission to the Club to investigate any information included in this application. I agree to cooperate in such investigation and release from all liability or responsibility all persons, organizations, companies, corporations, and schools collecting and supplying such information together with any other information they may have regarding me whether or not it is in their records.
- I understand that, if I am employed by the Club, any such employment is not binding on either party for any specified period of time. I further understand that no representative of the Club, other than the Director of Operations or Chief Executive Officer, has any authority to enter into any agreement for employment for any specified period of time, and such agreement must be in writing signed by the Director of Operations or Chief Executive Officer.
- I understand that if I am employed, I will be an employee at will.

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

**Reference Check Application & Consent Form**

**Applicant First & Last Name:** \_\_\_\_\_

Please provide the names and contact information of people that can answer questions about your experience, skills, education and training.

**Professional References-** Please list supervisors or coworkers from current or previous places of employment

Name	Email Address	Telephone Number	Was this person your supervisor?

**Personal References-** Please list people who are not family that you have known for 2 or more years. (Teachers/professors, coaches, places where you have volunteered, etc)

Name	Email Address	Telephone Number	How do you know this person?

**Do you have previous employment or voluntary experience with a Boys & Girls Club?    Yes    No**

If you selected yes, list the names of the Boys & Girls Clubs at which you served and the names of your supervisors.

Boys & Girls Club Organization	Name of Supervisor

**Disclosure Authorization and Release**

I hereby consent to permit Boys & Girls Clubs of Fond du Lac to contact anyone it deems appropriate to investigate or verify any information provided by me to discuss my suitability for employment or volunteer service, including my background, past performance, education or related matters.

I expressly give my consent to any discussions regarding the foregoing and I voluntarily and knowingly waive all rights to bring an action for defamation, invasion of privacy, or any other cause of action against anyone providing or seeking such information.

I acknowledge that I have read this authorization and release, fully understand it, and voluntarily agree to its provisions.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_