

EMPLOYMENT APPLICATION

— BOYS & GIRLS CLUB OF COOKE COUNTY



The Boys & Girls Club of Cooke County has a zero-tolerance policy for child abuse and mistreatment of any kind in our organization. Our thorough staff and volunteer consideration process reflects that commitment to ensuring the safety of children in our care.

Personal Information

Full Name (First, Middle, Last): _____ Date of Birth:
M M D M Y Y

Mailing Address (Address, City, Zip): _____

E-Mail: _____ Phone: _____

Are you at least 15 years old?: YES NO Social Security Number: _____ Shirt Size: _____

How were you referred to us?: _____ Relatives employed with us: _____

Have you previously worked at this Boys & Girls Club OR another Boys & Girls Club?: YES NO

If yes, provide Club name and supervisor contact information: _____

Have you previously been convicted of a criminal offense?: YES NO If yes, please explain: _____

Employment Information

Position Applying for: _____ Employment desired time frame: _____ Hourly pay desired: _____

PROGRAM LEADER - MINIMUM AGE 18 AFTERSCHOOL & SUMMER Date Available: _____

PROGRAM ASSISTANT- MINIMUM AGE 15 SUMMER ONLY Hours Available: _____

Days available (Program runs Monday - Friday): _____

Education

Current or Highest Level of Education: _____ Name of School: _____

Graduation/anticipated date: _____ Major: _____ Interests (Clubs, Sports, Hobbies): _____

Experience

Begin with current or most recent employer or volunteer experience

WORK OR VOLUNTEER EXPERIENCE · ONE

Company Name: _____ Title: _____ Employment Dates: _____

Ending pay: _____ Supervisors Name & Title: _____ Supervisors Phone: _____

Supervisors E-mail: _____ May we contact employer?: YES NO

Brief description of duties & responsibilities: _____

Reason for leaving: _____

WORK OR VOLUNTEER EXPERIENCE · TWO

Company Name: _____ Title: _____ Employment Dates: _____

Ending pay: _____ Supervisors Name & Title: _____ Supervisors Phone: _____

Supervisors E-mail: _____ May we contact employer?: YES NO

Brief description of duties & responsibilities: _____

Reason for leaving: _____

MUST include ONE family member

REFERENCE · ONE

Reference Name: Relationship:

Reference E-mail: Reference Phone:

REFERENCE · TWO

Reference Name: Relationship:

Reference E-mail: Reference Phone:

REFERENCE · THREE

Reference Name: Relationship:

Reference E-mail: Reference Phone:

Authorizations

I hereby authorize the Boys & Girls Club of Cooke County to investigate my background and qualifications for the purpose of evaluating whether I am qualified for the position for which I am applying. I understand that the Boys & Girls Club of Cooke County will utilize an outside firm to assist in check such information, and I specifically authorize such an investigation by information services and outside entities of the Organization's choice now and annually during the tenure of my employment of service with the Boys & Girls Club of Cooke County. I recognized that the Organization would consider the results of my background check in selecting me for employment. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

I authorize Boys & Girls Club of Cooke County (BGCCC) to investigate all statements in the application and to secure any necessary information from all my employers, references and academic institutions. I hereby release all of those employers, references, academic institutions and BGCCC from any and all liability arising from their giving or receive information about my employment history, my academic credentials or suitability for employment with BGCCC. I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my academic credentials and employment references.

I further understand that any false or misleading statements will be sufficient cause for rejection of my application if BGCCC has not employed me or immediate dismissal if BGCCC has employed me. I also authorize BGCCC to supply information about my employment record, in who or in part, in confidence to any prospective employer, government agency or other party having legal and proper interest, and I hereby release BGCCC from any and all liability for it providing this information.

I understand that nothing in the employment application, in BGCCC's policy statements or personal guidelines, or in my communications with any BGCCC official is intended to create an employment contract between BGCCC and me. I also understand that BGCCC has the right to modify its policies without giving me any notice of the changes. No promises regarding employment have been made to me. I understand that if any employment relation is established, I have the right to terminate my employment at any time for any reason. I also understand that BGCCC retains the right to terminate my employment at any time for any reason.

I hereby acknowledge that I have read and understood the receding statements. Please sign your name below:

Print Name: Signature: Date:

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