



BOYS & GIRLS CLUBS
OF BREAA - PLACENTIA - YORBA LINDA

EMPLOYMENT APPLICATION
An Equal Opportunity Employer

GENERAL			
NAME (Last) (First) (Middle Initial)			TELEPHONE (Area Code)
			Home: Other/Cell/Pager:
OTHER NAMES USED			
PRESENT ADDRESS (Street Address)		(City)	(State) (Zip Code)
ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? IF YOU ARE AN ALIEN, PLEASE GIVE THE SLIEN NUMBER OR PRESENT THE ALIEN CARD		ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> YES <input type="checkbox"/> NO		IF NOT, DO YOU HAVE A WORK PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HOW WERE YOU REFERRED TO BOYS & GIRLS CLUBS OF BREAA- PLACENTIA-YORBA LINDA (BGCBPYL)?			
RELATIVES EMPLOYED BY BGCBPYL or B&GCA (America)? (if any, give names, dates of employment and position)			
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please explain)			

POSITION APPLIED FOR	
TITLE OR CATEGORY	SALARY REQUIRED
DATE AVAILABILITY	SKILLS RELATED TO POSITION
HAVE YOU EVER WORKED OR HAVE EXPERIENCE WITH CHILDREN BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please give brief description and duties performed)	

EDUCATION				
SCHOOL	NAME AND LOCATION	MAJOR	GRADUATE YES NO	DEGREE
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
OTHER SCHOOLS (Graduate, technical, business, military, etc.)				

WORK EXPERIENCE

(START WITH CURRENT EMPLOYER FIRST. DO NOT DETAIL DUTIES & RESPONSIBILITIES IF DESCRIBED IN ATTACHED RESUME.)

COMPANY NAME		YOUR TITLE	
COMPANY ADDRESS		CITY, STATE	ZIP
DATE STARTED	DATE LEFT	STARTING SALARY	LAST SALARY
SUPERVISOR'S NAME	TITLE	TELEPHONE	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
BRIEF DESCRIPTION OF DUTIS & RESPONSIBILITIES			
REASON FOR LEAVING			

WORK EXPERIENCE

(START WITH CURRENT EMPLOYER FIRST. DO NOT DETAIL DUTIES & RESPONSIBILITIES IF DESCRIBED IN ATTACHED RESUME.)

COMPANY NAME		YOUR TITLE	
COMPANY ADDRESS		CITY, STATE	ZIP
DATE STARTED	DATE LEFT	STARTING SALARY	LAST SALARY
SUPERVISOR'S NAME	TITLE	TELEPHONE	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
BRIEF DESCRIPTION OF DUTIS & RESPONSIBILITIES			
REASON FOR LEAVING			

WORK EXPERIENCE

(START WITH CURRENT EMPLOYER FIRST. DO NOT DETAIL DUTIES & RESPONSIBILITIES IF DESCRIBED IN ATTACHED RESUME.)

COMPANY NAME		YOUR TITLE	
COMPANY ADDRESS		CITY, STATE	ZIP
DATE STARTED	DATE LEFT	STARTING SALARY	LAST SALARY
SUPERVISOR'S NAME	TITLE	TELEPHONE	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
BRIEF DESCRIPTION OF DUTIS & RESPONSIBILITIES			
REASON FOR LEAVING			

Can you perform this job (as detailed verbally or in the job description) with or without a reasonable accommodation?

I authorize Boys & Girls Clubs of Brea-Placentia-Yorba Linda (BGCBPYL) to investigate all statements in this 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 BGCBPYL from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for my employment with BGCBPYL. 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 BGCBPYL has not employed me, or immediate dismissal if BGCBPYL has employed me. I also authorize BGCBPYL to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having legal and proper interest, and I hereby release BGCBPYL from any and all liability for its providing this information.

I understand that nothing in this employment application, in BGCBPYL's policy statements or personnel guidelines, or in my communications with any BGCBPYL official is intended to create an employment contract between BGCBPYL and me. I also understand that BGCBPYL 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 an employment relationship is established, I have the right to terminate my employment at any time for any reason. I also understand that BGCBPYL retains the right to terminate my employment at any time for any reason.

I hereby acknowledge that I have read and understand the preceding statements.

Signature

Date

EQUAL OPPORTUNITY EMPLOYER: *qualified applicants receive consideration for employment without discrimination because of age, sex, religion, marital status, race, color, creed, national origin or disability.*