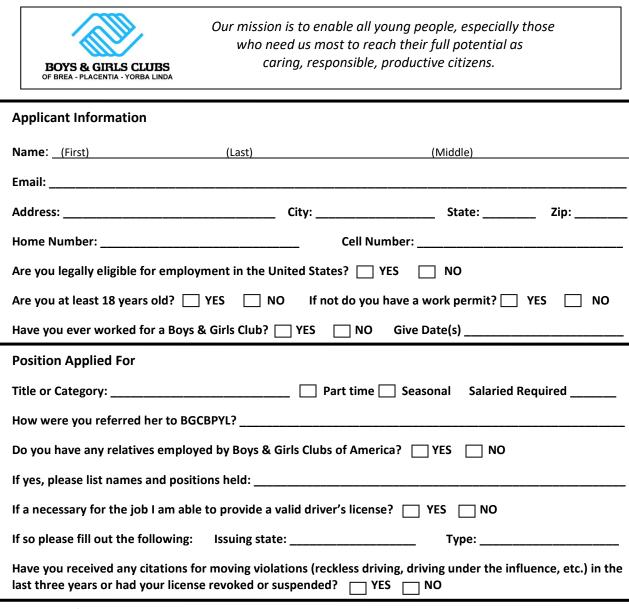
Employment Application



Education/Training

SCHOOL LEVEL	INSTITUTION NAME	MAJOR	YEARS COMPLETED	GRADUATE?
HIGH SCHOOL				
COLLEGE / UNIVERSITY				
TRADE/TECHNICAL				
ADDITIONAL				

Employment Application

Employment History

Start with your last, most recent employer first and do not detail duties and responsibilities if described and attached within resume

Employer name & address:	Position title/duties:		Reason for leaving:	
	Supervisor:	Tel #:	Start Date:	End:

Employer name & address:	Position title/duties:		Reason for leaving:	
	Supervisor:	Tel #:	Start Date:	End:

Employer name & address:	Position title/duties:		Reason for leaving:	
	Supervisor:	Tel #:	Start Date:	End:

Skills, Knowledge, Ability and Education

Types of computers, software and other equipment you are qualified to operate: ______

Professional licenses, certifications, registrations: _____

Additional training you wish to be considered: ______

Availability						
Date you are al						
Days/ Times Av	Days/ Times Available: Mon Tues Wed Thrus			Thrus	Fri	
References List to one personal and one professional reference who are not relatives (optional on this application)						
Reference #1: _	(Name)			(Occupation)		
<u>Phone</u>		Email			Years known	
Reference #2: _	(Name)			(Occupation)		
Phone		Email			Years known	

Employment Application

Acknowledgement

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 authorize BGCBPYL to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that BGCBPYL will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. 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 hereby acknowledge that I have read and understand the preceding statements.

Signature: ____

Date: _____

We are an Equal Opportunity Employer and fully subscribe to principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, physical or mental disability, national origin or age.