

# EMPLOYMENT APPLICATION



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BOYS & GIRLS CLUBS  
OF SAN DIEGUITO

The Boys & Girls Clubs of San Dieguito is an organization dedicated to providing POSITIVE activities to develop the education, health, self-esteem and character of youth. Our organization provides equal employment opportunities to all employees and qualified applicants for employment without regard to race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, or sexual orientation, or any intent to make such a limitation specification, discrimination.

Date:	Please indicate the position for which you are applying:	Pay expected:
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## PERSONAL INFORMATION

First Name	MI	Last	Email
Street Address			Home Phone
City	State	Zip Code	Cell Phone
Are you a U. S. citizen or do you have the right to work in the U. S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Visa Status:</b> <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other Visa (indicate type):			
Have you ever been employed by our organization? If "yes" list dates, position, department, and supervisor. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any relatives that work for our organization? If "yes" list names: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Have you ever been convicted of any crime?</b> (Exclude convictions for marijuana-related offenses for personnel use more than two years old; convictions that have been sealed, expunged or legally eradicated, and misdemeanor convictions for which probation was completed and the case was dismissed): <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> This organization will not deny employment to any applicant solely because the person has been convicted of a crime. The company however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for. If yes, please explain:			
Type of work for which you are applying: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal		Can you work weekends and other shifts? Indicate times you cannot work: <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you hear about our organization?			

## COMPLETE FOR JOBS REQUIRING DRIVING AND/OR USE OF A COMPANY VEHICLE

Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No      License Number:	Has your license been suspended or revoked in the past five years? If "yes" explain: <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a moving violation within the past five years? If "yes" explain: <input type="checkbox"/> Yes <input type="checkbox"/> No	



## EDUCATION AND SKILLS

High School Attended	City	State	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
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### OTHER EDUCATIONAL INSTITUTIONS ATTENDED

### FIELD OF SPECIALIZATION

DID YOU GRADUATE?

DEGREE OBTAINED?

Name		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Location		<input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> N/A
Name		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Location		<input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> N/A
Name		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Location		<input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> N/A

Indicate licenses, certifications, and foreign language proficiency, if job-related:

Office machines, calculators, computers, and software proficiency:

Special skills, knowledge, and competencies related to our business:

Please provide information about community activities, professional, trade or service organizations to which you belong, which you believe may demonstrate your job-related abilities (You may exclude those which indicate race, color, religion, sex, national origin, age, disability or status as a Vietnam-era or disabled veteran):

## PROFESSIONAL REFERENCES

List persons familiar with your professional ability who may be contacted. Do not list relatives.

Name	Occupation	Phone	
Street Address	City	State	Zip
Name	Occupation	Phone	
Street Address	City	State	Zip
Name	Occupation	Phone	
Street Address	City	State	Zip



## EXPERIENCE

Begin with the most recent employer. This section must be completed even if you provide a resume.

Employer	Address			From (Mo./Yr.)	To (Mo./Yr.)
Name of Supervisor	Supervisor's Title	Phone	Ext.	Starting Base Pay (Per)	
Starting Position	Current or Last Position			Current Base Pay (Per)	
Description of Duties:				Reason for Leaving	
				May we contact this employer?	

Employer	Address			From (Mo./Yr.)	To (Mo./Yr.)
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Starting Position	Current or Last Position			Current Base Pay (Per)	
Description of Duties:				Reason for Leaving	
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Starting Position	Current or Last Position			Current Base Pay (Per)	
Description of Duties:				Reason for Leaving	
				May we contact this employer?	



**THE STATEMENTS BELOW ARE PART OF THE APPLICATION PROCESS AND SHOULD BE READ CAREFULLY.**

I CERTIFY THAT THE ANSWERS ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IN SUBMITTING THIS APPLICATION FOR EMPLOYMENT, I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN IT AND I UNDERSTAND AND AGREE THAT ANY MISREPRESENTATION BY ME IN THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THE APPLICATION AND/OR SEPARATION FROM THE COMPANY'S SERVICE, IF I HAVE BEEN EMPLOYED. I HEREBY AUTHORIZE ANY PERSON OR ORGANIZATION WHOSE NAME I HAVE GIVEN AS A REFERENCE OR BY WHOM I HAVE BEEN PREVIOUSLY EMPLOYED, TO FURNISH THIS COMPANY OR ITS REPRESENTATIVES, ANY INFORMATION CONCERNING ME, WITH RESPECT TO MY QUALIFICATIONS AS AN EMPLOYEE. I HEREBY RELEASE ALL SUCH PERSONS AND ORGANIZATIONS FROM ANY CLAIMS FOR DAMAGES ARISING AS A RESULT OF THE GOOD FAITH DISCLOSURE OF SUCH RECORDS OR INFORMATION.

THE FAIR CREDIT REPORTING ACT REQUIRES THAT APPLICANTS KNOW THAT A ROUTINE INQUIRY MAY BE MADE WHICH WILL PROVIDE JOB-RELATED INFORMATION CONCERNING CHARACTER AND REPUTATION. UPON WRITTEN REQUEST ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.

I UNDERSTAND THAT I MAY BE REQUIRED TO SUBMIT TO A PHYSICAL EXAMINATION TO DETERMINE MY FITNESS FOR THE WORK TO BE PERFORMED.

OUR POLICY IS NOT TO EMPLOY INDIVIDUALS WHO USE ILLEGAL DRUGS OR PRESCRIPTION DRUGS WITHOUT MEDICAL PRESCRIPTION, IN ANY AMOUNT REGARDLESS OF FREQUENCY OR OCCASION. TO ENSURE THAT THIS POLICY IS ENFORCED, I MAY BE REQUIRED TO TAKE A DRUG SCREENING TEST AFTER A CONDITIONAL OFFER OF EMPLOYMENT IS MADE AND PRIOR TO BEGINNING WORK. THIS COMPANY WILL NOT DISCLOSE INFORMATION OBTAINED THROUGH THE DRUG SCREENING TEST EXCEPT (1) WHEN SUCH INFORMATION IS NEEDED BY PERSONS INVOLVED IN THE EMPLOYMENT DECISION, AND (2) WHEN SUCH DISCLOSURE IS REQUIRED BY LAW. IF NECESSARY, I AGREE TO PROVIDE A URINE SPECIMEN UNDER THE SUPERVISION OF THIS COMPANY'S MEDICAL REPRESENTATIVE, WITH THE UNDERSTANDING THAT THE SPECIMEN WILL BE USED TO TEST FOR THE PRESENCE OF ILLEGAL AND DANGEROUS DRUGS. I FURTHER AGREE THAT WHILE EMPLOYED BY THIS COMPANY, I WILL CONSENT TO DRUG AND ALCOHOL TESTING IN ACCORDANCE WITH COMPANY POLICY.

IF I AM EMPLOYED, I **WILL FURNISH THE REQUIRED PROOF OF CITIZENSHIP DOCUMENTS ON MY FIRST DAY OF EMPLOYMENT AND/OR TRAINING/ORIENTATION.** IF I AM NOT A U.S. CITIZEN, I WILL PROVIDE DOCUMENTATION WHICH ESTABLISHES IDENTIFICATION AND EMPLOYMENT AUTHORIZATION AS PRESCRIBED BY FEDERAL LAW.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY AND FURTHER AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE OR NOTICE, AT THE OPTION OF EITHER THE COMPANY OR MYSELF. I UNDERSTAND THAT NO REPRESENTATIVES OF THE COMPANY, OTHER THAN THE PRESIDENT/CEO, HAS ANY AUTHORITY TO ENTER INTO ANY SUCH AGREEMENT CONTRARY TO THE FOREGOING. FURTHERMORE, I UNDERSTAND AND AGREE THAT ANY SUCH AGREEMENT ENTERED INTO BY THE PRESIDENT/CEO WILL NOT BE ENFORCEABLE UNLESS IT IS IN WRITING.

**I CERTIFY BY MY SIGNATURE THAT I HAVE READ AND AGREE TO ALL TERMS AS STATED ABOVE.**

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APPLICANT'S SIGNATURE

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DATE