

Employment Application

Boys & Girls Club of San Dieguito
533 Lomas Santa Fe Drive
Solana Beach, CA 92075

GREAT FUTURES START HERE.



**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, color, religion, national origin, ancestry, disability status, mental disability, medical condition, marital status, sex, or sexual orientation, protected veteran status or any other characteristic protected by law.

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

First Name	MI	Last	EMAIL:
Street Address			Home Phone ()
City	State	Zip Code	Message 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 Visa Status: <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other Visa (indicate type):			
Have you ever been employed by our company? 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 company? If "yes" list names: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of work for which you are applying: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> As Needed <input type="checkbox"/> Temporary		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 company?			

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

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 Position	Current or Last Position				
Description of Duties:				Reason for Leaving	
				May we contact this employer?	

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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.

WE ARE A DRUG FREE WORK PLACE AND OUR POLICY IS NOT TO EMPLOY INDIVIDUALS WHO USE ILLEGAL DRUGS, PRESCRIPTION DRUGS WITHOUT MEDICAL PRESCRIPTION, OR MARIJUANA 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.

APPLICANT'S SIGNATURE

DATE