

Application for Employment/Volunteer

(This application will remain for a period of 90 days)



**BOYS & GIRLS CLUBS
OF LA HABRA**

WE ARE AN EQUAL OPPORTUNITY EMPLOYER



Employment/Volunteer Application Form

Our Mission Statement

“To help all young people, especially those who need us most, to reach their full potential as productive, caring responsible citizens.”

Name: _____ Home Phone: _____

Cell Phone: _____ E-Mail: _____

Address: _____ City: _____ Zip: _____

Are you authorized to work in the United States? No Yes

Have you ever applied to the Boys & Girls Clubs of La Habra? No Yes Date: _____

Have you ever been a volunteer or employed by the Boys & Girls Clubs of La Habra? No Yes When: _____

If yes, reason for leaving: _____

Who or what prompted you to apply? _____

Do you have any relatives in our employ? Yes No

If yes, please list name(s) and relationship: _____

Have you ever been convicted (or are currently out on bail or out on your own recognizance pending trial), pled guilty to, and/or pled *nolo contendere* to a crime (felony or misdemeanor, including, but not limited to theft, banking fraud, drug and/or alcohol-related offenses, assault, etc.) No Yes

If yes, please explain: _____

Availability

Type of position: Full Time Employment Part Time Employment Temporary Employment Volunteer

Date you are available to start: _____ Position applied for: _____

Day/Time Available: Mon - _____ / Tue - _____ / Wed - _____ / Thurs - _____ / Fri _____

Education

High School: _____ Diploma: Yes No Date: _____

Community College: _____ Major: _____

No. of Years Completed: _____ Diploma / Degree: _____ Date: _____

College / University: _____ Major: _____

No. of Years Completed: _____ Diploma / Degree: _____ Date: _____

Graduate / Professional: _____ Major: _____

No. of Years Completed: _____ Diploma / Degree: _____ Date: _____

Other School or Special Training (Specify): _____

Employment Experience

List all positions you have held in the past ten (10) years starting with your present or most recent position.

Employer: _____ Address: _____

Phone Number: _____ Supervisor: _____ May we contact? Yes No

Dates Employed: _____ - _____ Work Performed: _____

Reason for Leaving: _____

Employer: _____ Address: _____

Phone Number: _____ Supervisor: _____ May we contact? Yes No

Dates Employed: _____ - _____ Work Performed: _____

Reason for Leaving: _____

Employer: _____ Address: _____

Phone Number: _____ Supervisor: _____ May we contact? Yes No

Dates Employed: _____ - _____ Work Performed: _____

Reason for Leaving: _____

Employer: _____ Address: _____

Phone Number: _____ Supervisor: _____ May we contact? Yes No

Dates Employed: _____ - _____ Work Performed: _____

Reason for Leaving: _____

About Your Job Experiences

Have you ever left a position because you feared you would be fired if you did not quit? Yes No

If yes, which position(s) _____

Have you ever been fired or asked to resign? Yes No If yes, identify employer(s) and the reason(s)? _____

Are there any reasons any employer above may give a poor recommendation? Yes No If yes, why? _____

Have you ever been a supervisor? Yes No If yes, how many people and where? _____

References

All listed references will be contacted:

Name: _____ Phone No.: _____ Relationship: _____

Name: _____ Phone No.: _____ Relationship: _____

Name: _____ Phone No.: _____ Relationship: _____

We consider applicants for all positions without regard to age, race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sexual orientation or sex of any person or any other legal protected status pursuant to California Fair Employment Practices and Housing Act, California Labor Code and other relevant federal, state and local laws.

PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY

Name: _____ Relationship: _____ Number: _____

Authorization to Release Employment Reference Information

I understand that the Boys & Girls Clubs of La Habra (BGCLH) will attempt to verify statements made on my application and made during my employment interview. I hereby give my permission for my former employers to answer any and all questions based upon information available to them in my prior employment records. I understand that it is possible that my prior employment records may not be accurate. Nonetheless, in consideration of the BGCLH's review of this application and my candidacy for employment, I release the BGCLH and all former employers from any liability as a result of the furnishing and receiving of this reference information. I understand that my failure to sign this reference release so the BGCLH can contact references and make a full background check of my previous work history will be deemed interference with and a withdrawal of my application for employment.

___ *Yes ___ *No * Place your initials in the appropriate space to indicate and document your consent to this authorization.

Applicant Agreement

I understand the Boys & Girls Clubs of La Habra (BGCLH) requires certain information about me to evaluate my qualifications for employment and conduct its business if I become an employee. I understand that false, incomplete, or misleading statements on this application may be considered sufficient cause for rejection of my application and for dismissal, if discovered after I am employed by the BGCLH. The use of this application blank does not indicate there are positions open and does not in any way obligate this organization.

I authorize personal references as well as developed references, other persons, companies, corporations, credit bureaus, schools, and law enforcement agencies to furnish to the BGCLH and/or its agents or representatives any information they have concerning me. I understand that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of this investigation.

In consideration of my potential employment, I agree to conform to the rules of the BGCLH. I understand that I have the right to terminate my employment at any time with or without notice, with or without cause, and that the BGCLH has a similar right. I understand my employment by the BGCLH does not constitute a guarantee that any position be continued for any length of time or that any job assignment or shift be permanent. I understand that I may be required to work scheduled and unscheduled overtime and scheduled weekend and holiday work when required by the BGCLH. I understand that no one other than the Executive Director of the BGCLH has authority to make any other agreement.

The Immigration Reform and Control Act of 1986 requires that, after employment, employers verify the legal work authorization and identity of all new employees. An offer of employment will depend upon the BGCLH's ability to verify this necessary information.

Applications will not be considered active after 90 days from date of application. I understand that the BGCLH will attempt to verify statements made on my application and made during my employment interview.

I agree to be fingerprinted and to furnish proof of age, identity and legal right to work in the United States, as may be directed.

All volunteer positions of the Boys & Girls Clubs of La Habra do not establish an employment relationship. No insurance coverage or any other protection whatsoever is provided to any volunteer, including insurance protection covering injuries or accidents that may occur while serving as a volunteer. Specifically no workers compensation, accident or health insurance provided. All volunteer service is at the volunteer's own risk. All minors must obtain parent's signature.

Complete Signature of Applicant

Parent's Signature (Applies to Minors)

Date

Incomplete Applications will not be considered.