

NAME: _____
Last First M.I.

DATE: _____

EMPLOYMENT APPLICATION FORM



PO. Box 189

New Town, ND 58763

701-627-4415

Fax (701)-6274416

EMPLOYMENT APPLICATION
Equal Opportunity Employer



GENERAL	
Name: First Last M.I.	Telephone (Area code)
Other Names used:	
Present Address:	
Tribal Affiliation:	Date of Birth:
Are you authorized to work in the United States: Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you at least 18 yrs of age? Yes <input type="checkbox"/> No <input type="checkbox"/> If not do you have a work permit? Yes <input type="checkbox"/> No <input type="checkbox"/>
How were you referred to Boys & Girls Club of America (BGCA)?	
Previous employment with BGCA (if any give dates, position, location)	
Relatives employed by BGCA (if any, give dates, position)	
Have you been convicted of, plead guilty to, and/or pled NOLO CONTENDRE to a crime, felony or misdemeanor, including but not limited to Sexual Offender Crimes, theft, Banking Fraud, Drug and/or alcohol-related offenses, assault, ETC? If yes please explain(state,date,court,type of crime, place of occurrence, disposition) Yes <input type="checkbox"/> No <input type="checkbox"/>	
NOTE: Convictions of a crime will not necessarily disqualify you for employment. Each conviction will be judged on it's own merit with respect in time and job relatedness.	
POSITION APPLIED FOR	
Title or Category:	Salary Requirement:
Date Available:	Willingness to Travel (Approximate percentage if position indicates):

EDUCATION

SCHOOL	NAME & LOCATION	MAJOR	GRADUATE		DEGREES
			Yes	No	
High School					
College or University					
Other Schools (Graduate, technical, military, etc).					

WORK EXPERIENCE

Start with current or last employer first. DO NOT detail duties & responsibilities if described in attached resume

Company Name	Your Title		
Company Address (street & No.)	City	State	Zip Code
Supervisor name	Supervisor Title	Telephone	May we contact employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Brief description of duties and responsibilities:			
Reason for leaving:			
Company Name	Your Title		
Company Address (street & No.)	City	State	Zip Code
Supervisor name	Supervisor Title	Telephone	May we contact employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Brief description of duties and responsibilities:			
Reason for leaving:			



Company Name		Your Title	
Company Address (street & No.)		City	State Zip Code
Supervisor name	Supervisor Title	Telephone	May we contact employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Brief description of duties and responsibilities:			
Reason for leaving:			
ADDITIONAL INFORMATION			
PLEASE LIST ALL THE SOFTWARE APPLICATIONS			
OFFICE MACHINES YOU CAN OPERATE			

LIST ALL JOB RELATED TRAINING & ATTACH ALL CERTIFICATES

LIST PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES OR OFFICES HELD:

OTHER QUALIFICATIONS (SUMMARIZE JOB RELATED SKILLS & QUALIFICATIONS ACQUIRED FROM PREVIOUS EMPLOYMENT AND OTHER EXPERIENCE(S))

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:

CAN YOU PERFORM THIS JOB (as detailed verbally or in the job description) WITH OR WITHOUT REASONABLE ACCOMMODATION?



REFERENCES:

Name: _____ Telephone _____

Address: _____

Name: _____ Telephone _____

Address: _____

Name: _____ Telephone _____

Address: _____

AUTHORIZATION TO RELEASE EMPLOYMENT REFERENCE INFORMATION

I understand that Boys & Girls Clubs of America (BGCA) 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 BGCA's review of this application and my candidacy for employment, I release BGCA 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 BGCA 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)

Signature

Date

JOB APPLICANT AGREEMENT

I understand that Boys & Girls Club of America (BGCA) 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 BGCA. The use of this application blank does not indicate there are positions open and does not in any way obligate BGCA.

I also authorize BGCA to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency or other party having a legal and proper interest, and I hereby release BGCA from any and all liability for its providing this information. 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 BGCA. I understand that I have the right to terminate my employment at any time with or without notice, with or without cause, and that BGCA has a similar right. I understand my employment by BGCA does not constitute a guarantee that any position be continues 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 BGCA. I also understand that BGCA 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 no one other than the Executive Director of BGCA has authority to make any 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 BGCA's ability to verify this necessary information.

Applications will not be considered active after the position is filed. I understand that BGCA will attempt to verify statements made on my application and made during my employment interview.

Signature

Date

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

(Revised 5/15/07)