

Name of Applicant: _____
Last First M.I.

Date _____

EMPLOYMENT APPLICATION FORM

Revised 2015



THE BOYS AND GIRLS CLUB OF SUFFOLK COUNTY

324 Jayne Blvd. Port Jefferson Station, NY 11727

Office Telephone: (631)675-1615

Office Fax: (631)675-1617



THE BOYS AND GIRLS CLUB
OF SUFFOLK COUNTY

Equal Opportunity Employer- The Boys and Girls Club of American - of Suffolk County- is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or other protected status.

INSTRUCTIONS: Please print and answer all questions accurately and completely. Print "N/A"- non-applicable- in any space that does not apply to you. Incomplete applications or applications providing additional non-requested information are considered withdrawn and will not be considered.

GENERAL			
Name: (Last)	(First)	(Middle Initial)	
Other Names Used:			
Telephone: (Home)	(Mobile)	(Work)	E-Mail:
Address: (Physical) House Number: Street Name:		(Mailing) <i>If Different From Physical Address</i>	
Address Continued:			
City:	State:	Postal Code:	
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not can you provide a valid work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How were you referred to The Boys And Girls Club of Suffolk County?			
Our Organization's Website: _____ Web Source: _____ Printed Source _____ Other: _____			
Have you ever worked with any Boys and Girls Club of America Organizations? No _____ Yes: (If any provide dates, position, location) _____			
Do you have any relative who are currently working with any Boys and Girls Club of America Organizations? No _____ Yes: (If any provide dates, position, location) _____			
Have you ever been convicted of, plead guilty to, and/ or pled <i>NOLO CONTENDRE</i> 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.)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently awaiting trial, sentencing or other disposition of a criminal charge? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____			



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POSITION APPLIED FOR	
Title:	Desired Salary:
Date Available to Begin Work:	Willingness to Travel? (Average Miles)

EDUCATION							
School	Name and Location: (City, State, Zip Code)	Major or Field of Study	Graduated		Still Attending		Degree or Certificate Received
High School			Yes	No	Yes	No	
College or University			Yes	No	Yes	No	
Other Schools: (Graduate, Technical, Business, Military, etc.)			Yes	No	Yes	No	

Please list dates and ID numbers for any CPR, First Aid, Life-Guard etc. certificates that you hold:

List any professional Licenses or Certificated obtained: _____

List computer and technical skills: _____

List any other qualifications not listed above: _____

Other: _____

Other: _____

Other: _____



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WORK EXPERIENCE

Please complete all information, beginning with your current or most recent employer. Attach additional sheets if necessary. Include periods of unemployment, self-employment, and military service.

Company Name:		Your Title:		
Company Address: (Street Name & No.)	City:	State:	Zip Code:	
Start Date:	End Date:	Starting Salary:	Last Salary:	Bonus Opportunities? Yes: __ Amount: ____ No: ____
Supervisor's Name:	Supervisor's Title:	Telephone:	May We Contact This Employer? Yes: _____ No: _____	
Please give a brief description of duties and responsibilities:				
Still Employed: Yes: _____ No: _____ Reason for Leaving:				

Company Name:		Your Title:		
Company Address: (Street Name & No.)	City:	State:	Zip Code:	
Start Date:	End Date:	Starting Salary:	Last Salary:	Bonus Opportunities? Yes: __ Amount: ____ No: ____
Supervisor's Name:	Supervisor's Title:	Telephone:	May We Contact This Employer? Yes: _____ No: _____	
Please give a brief description of duties and responsibilities:				
Still Employed: Yes: _____ No: _____ Reason for Leaving:				



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Company Name:		Your Title:			
Company Address: (Street Name & No.)	City:	State:		Zip Code:	
Start Date:	End Date:	Starting Salary:	Last Salary:	Bonus Opportunities? Yes: __ Amount: ____ No: ____	
Supervisor's Name:	Supervisor's Title:	Telephone:	May We Contact This Employer? Yes: _____ No: _____		
Please give a brief description of duties and responsibilities:					
Still Employed: Yes: _____ No: _____ Reason for Leaving:					

Company Name:		Your Title:			
Company Address: (Street Name & No.)	City:	State:		Zip Code:	
Start Date:	End Date:	Starting Salary:	Last Salary:	Bonus Opportunities? Yes: __ Amount: ____ No: ____	
Supervisor's Name:	Supervisor's Title:	Telephone:	May We Contact This Employer? Yes: _____ No: _____		
Please give a brief description of duties and responsibilities:					
Still Employed: Yes: _____ No: _____ Reason for Leaving:					



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Can you perform this job (as detailed verbally or in the job description) with or without reasonable accommodation?

AUTHORIZATION TO RELEASE EMPLOYMENT REDERENCE INFORMATION

I understand that *The Boys and Girls Club of Suffolk County (BGCSC)* will attempt to verify statements made on my application and made during employment interviews. 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, inconsideration of BGCSC’s review of this application and my candidacy for employment, I release BGCSC 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 BGCSC can contact references and make a full background check of my previous work history will be deemed interference with an a withdrawal of my application for employment.

_____ *Yes _____ *No (*Place your initials in the appropriate space to indicated and document your consent to this authorization.)

Signature

Date

JOB APPLICACION AGREEMENT

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

I also authorize BGCSC 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 BGCSC 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.

JOB APPLICATION AGREEMENT CONTINUED

In consideration of my potential employment, I agree to conform to the rules of BGCSC. I understand that I have the right to terminate my employment, at any time with or without notice, with or without cause, and that BGCSC has a similar right. I understand my employment by BGCSC does not constitute a guarantee that any position be continued for any length of time or that any job assigned or shift is permanent. I understand that I may be required to work scheduled and unscheduled overtime and scheduled weekend and holiday work when required by BGCSC. I also understand that BGCSC has the right to modify its policies without giving me any notice of the change. No promises regarding employment have been made to me.

I understand that no one other than the Executive Director or Program Director of the BGCSC has the right to make any other agreement.

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

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

Signature

Date