

Please print all information requested except signature

OFFICE USE ONLY:
Date received:
Received by:



BOYS & GIRLS CLUB OF THE BIG ISLAND
100 KAMAKAHONU ST.
HILO, HI 96720
PHONE: (808) 961-5536 FAX: (808) 961-5534
EMAIL: HR@BGCBI.org

EMPLOYMENT APPLICATION
(Paid & Volunteer applicants)

The Boys & Girls Club of the Big Island has been part of a nationwide and local effort to help assure the protection of children from abuse and exploitation. Therefore, in order to safeguard the well being of the youth served, the Boys & Girls Club of the Big Island will investigate the accuracy of data provided in the application process for all applicants before appointment of staff can be made. This investigation may include, but is not limited to a history check with former Employers, Schools, Military Service, and appropriate Volunteer Agencies. Finger printing is required if you are selected for the position. Upon employment, a Physical Health Exam may be required by a licensed Physician. We are an "Equal Opportunity Employer, and a Drug-Free Company."

PERSONAL INFORMATION

Name: _____
Last First MI Maiden

Present Address: _____
Number Street City Zip code

Mailing Address: _____
(If different from street address) City Zip code

Contact numbers: Home: _____ Work: _____ Cell: _____

Social Security No.: _____ Driver's License: _____

Position Applied for: _____ Pay rate desired: _____ Date Available to start: _____

Employment desired: Fulltime _____ Part-time _____ Volunteer _____

Days and Hours Available:

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM							
TO							

Are you willing to travel? _____ (Approximate Percentage) _____ %

How did you hear about this job or volunteer position? _____

Are you able to perform the essential functions of this position with or without reasonable accommodation? _____ Yes _____ No.

Please explain: _____

Are you authorized to work in the United States? ___ Yes ___ No. Proof of eligibility will be required if employed. Have you been bonded? _____ Yes _____ No. If yes, name of employer? _____

Have you ever been convicted of a crime which is substantially related to the functions or qualifications of the job for which you are applying? _____ Yes _____ No. If yes, please explain: _____

Have you ever been terminated involuntarily from a paid or volunteer position or suspended from an educational institution? If yes, explain. _____

Do you have a valid driver's license? _____ Yes ___ No. If yes, from which state? _____ If, hired can you provide a copy of your traffic abstract and current no-fault insurance? _____ Yes ___ No.

EDUCATION

Type of School	Name of School	Location (Complete mailing address)	Number of years attended	Major/Degree
High School				
College or University				
Business or Trade School				
Professional School				

If you did not graduate from any school you attended, please explain why. _____

Job-related professional organizations, associations, awards, publications: _____

Skills and other interests: _____

MILITARY SERVICE

Have you ever been a member of the Armed Forces? If yes, which Branch? _____

Are you still a member? _____ Yes ___ No. If no, was discharge __ Voluntary _____ Involuntary.

Date of discharge: _____ Rank at discharge: _____

Explain if involuntary discharge: _____

WORK EXPERIENCE

(Please list any paid or volunteer experience for the past 5 years beginning with your most recent job held. Attach additional sheets if necessary).

1) Name of employer: _____ Position/Title: _____

Address: _____
 Number Street City Zip Code

Employment start date: _____ end date: _____ Rate of Pay to start: _____ final: _____

Supervisor's Name & Title: _____ Phone: _____

Description of duties and responsibilities: _____

Were you terminated?: _____

May we contact this employer? _____ Yes ___ No

2) Name of employer: _____ Position/Title: _____

Address: _____
 Number Street City Zip Code

Employment start date: _____ end date: _____ Rate of Pay to start: _____ final: _____

Supervisor's Name & Title: _____ Phone: _____

Description of duties and responsibilities: _____

Were you terminated?: _____

May we contact this employer? ___ Yes ___ No

3) Name of employer: _____ Position/Title: _____

Address: _____
Number Street City Zip Code

Employment start date: _____ end date: _____ Rate of Pay to start: _____ final: _____

Supervisor's Name & Title: _____ Phone: _____

Description of duties and responsibilities: _____

Were you terminated?: _____

May we contact this employer? ___ Yes ___ No

4) Name of employer: _____ Position/Title: _____

Address: _____
Number Street City Zip Code

Employment start date: _____ end date: _____ Rate of Pay to start: _____ final: _____

Supervisor's Name & Title: _____ Phone: _____

Description of duties and responsibilities: _____

Were you terminated?: _____

May we contact this employer? ___ Yes ___ No

5) Name of employer: _____ Position/Title: _____

Address: _____
Number Street City Zip Code

Employment start date: _____ end date: _____ Rate of Pay to start: _____ final: _____

Supervisor's Name & Title: _____ Phone: _____

Description of duties and responsibilities: _____

May we contact this employer? ___ Yes ___ No

6) Name of employer: _____ Position/Title: _____

Address: _____
Number Street City Zip Code

Employment start date: _____ end date: _____ Rate of Pay to start: _____ final: _____

Supervisor's Name & Title: _____ Phone: _____

Description of duties and responsibilities: _____

Were you terminated?: _____

May we contact this employer? ___ Yes ___ No

7) Name of employer: _____ Position/Title: _____

Address: _____
Number Street City Zip Code

Employment start date: _____ end date: _____ Rate of Pay to start: _____ final: _____

Supervisor's Name & Title: _____ Phone: _____

Description of duties and responsibilities: _____

Were you terminated?: _____

May we contact this employer? ___ Yes ___ No

8) Name of employer: _____ Position/Title: _____

Address: _____
Number Street City Zip Code

Employment start date: _____ end date: _____ Rate of Pay to start: _____ final: _____

Supervisor's Name & Title: _____ Phone: _____

Description of duties and responsibilities: _____

Were you terminated?: _____

May we contact this employer? ___ Yes ___ No

9) Name of employer: _____ Position/Title: _____

Address: _____
Number Street City Zip Code

Employment start date: _____ end date: _____ Rate of Pay to start: _____ final: _____

Supervisor's Name & Title: _____ Phone: _____

Description of duties and responsibilities: _____

Were you terminated?: _____

May we contact this employer? ___ Yes ___ No

OFFICE & COMPUTER SKILLS

Typing Skill: ___ Yes ___ No. words per minute: _____	10-Key: _____ Yes ___ No. Keys per minute: _____
Shorthand: _____ Yes ___ No.	Computer Skill: _____ Yes ___ No.
Computer Software:	
_____ IBM/Compatible _____ Mac PC _____ Windows _____ Excel _____ Word _____ Access	
_____ Microsoft Office _____ Database _____ Power Point _____ Microsoft Publisher _____ Other _____	

PERSONAL REFERENCES

(List 3 persons not related to you)

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Occupation</u>	<u>Relationship</u>	<u>Length of relationship</u>
1. _____					
2. _____					
3. _____					

CERTIFICATION

(As indication that you have read and understood each sentence, please sign below)

- A. I certify that the information contained in this application is true and correct. I understand that any false or misleading statements or omissions regarding this application, whenever discovered, are grounds for disqualification from further consideration or for dismissal from employment.
- B. I understand that **MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE.**
- C. I understand and agree that only the Chief Volunteer Officer of the Boys and Girls Club of the Big Island (“Company”) has any authority to enter into any agreement to employ me for any specified period of time or to modify terms and conditions of my employment. I agree that such an agreement must be in writing and signed by the Chief Volunteer Officer, and I will not rely upon any other representations.
- D. I understand and agree that the Company may make a full and complete investigation of my personal or employment history, and authorize any former employer, person, firm, corporation, school, government agency, or other entity to provide the Company with any information (including fact or opinion) they may have regarding me. In consideration of the Company’s review of this application, I release the Company and all providers of any information from any liability which may arise as a result of furnishing and receiving this information, with the exception of any liability arising from a violation of the Fair Credit Reporting Act (“FCRA”). I understand and agree that if offered employment by the Company, any such employment offer shall be dependent upon the receipt of satisfactory references as determined by the Company. If employed by the Company, I further authorize the Company to provide truthful information (including fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against the Company for truthfully communicating any such information to a potential or future employer.
- E. I understand and agree that I may be required to submit to drug testing and a complete post-offer medical examination as part of my application for employment. I also understand and agree that I may be required to submit to a complete medical examination during my employment with the Company, provided that such examination is job-related and consistent with business necessity.

The cost of such examination will be paid by the Company. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to the Company in accordance with state and/or federal laws. The Company will keep such results confidential and disclose the results only to persons who need to know or where required by law. Also, I agree to fully cooperate and provide the Company with any additional consent(s) and/or release(s) as required by the Company to investigate my employment application.

- F. The Company may inquire into and consider any criminal conviction record that you may have after it makes a conditional offer of employment to you. The Company may withdraw a conditional employment offer if you have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which you are applying. Any criminal conviction record that is more than 10 years old or that involves certain Family Court matters will not be considered.
- G. I understand and agree that if offered employment by the Company, I may be required to disclose military service information in accordance with law, and that any such employment offer shall be dependant upon the receipt of a satisfactory military record as determined by the Company.
- H. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with the Company if I am employed by the Company.
- I. I further understand that my employment with the **Boys & Girls Club of the Big Island** shall be probationary for a period of ninety days or 3 months, and further that at any time during the probationary period or thereafter, my employment relationship with the **Boys & Girls Club of the Big Island** is terminable at will for any reason by either party.

Signature of applicant _____

Date: _____

The Boys & Girls Club of the Big Island is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with the Boys & Girls Club of the Big Island depends solely on your qualifications.

Rev 11/23/15