



Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position(s) Applied For	Date of Application
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other	

Last Name	First Name	Middle Name
<hr/> Address <i>Number</i> <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>		
Telephone number(s)		Social Security # (Voluntary)

If you are under 18 years of age, can you provide required proof of eligibility to work?..... Yes No

Have you ever filed an application with us before?..... Yes No
 If yes, give date _____

Have you ever been employed with us before?..... Yes No
 If yes, give date _____

Do any of your friends or relatives, other than spouse, work here?..... Yes No

Are you currently employed?..... Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? Yes No
Proof of citizenship or immigration status will be required upon employment

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work: Full-Time
 Part-Time (Please indicate Mornings – Afternoons – Evenings)
 Temporary(Please indicate dates available ___/___/___ - ___/___/___)

Are you currently on “lay-off” status and subject to recall?..... Yes No

Can you travel if a job requires it?..... Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY

Provide the following information of your past four (4) employers, assignments or other volunteer activities, starting with the most recent.

From	To	Employer	Telephone # ()
Starting Job Title/Finishing Job Title		Address	
Immediate Supervisor and Title		Summarize the Nature of Work Performed and Job Responsibilities	
May We Contact For Reference			
Reason For Leaving			

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If you need additional space, please continue on a separate sheet of paper.

EDUCATION

Name and Location	# of Years Completed	Did you Graduate?		Course of Study
		Major	Degree	
High School				
Undergraduate College		Major	Degree	
Graduate Professional		Major	Degree	
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities and/or any job-related training received in the United States Military.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

REFERENCES

1.	()
Name	Phone Number
Address	
2.	()
Name	Phone Number
Address	
3.	()
Name	Phone Number
Address	



Boys & Girls Clubs of Sonoma Valley
P.O. Box 218 El Verano, CA 95433
100 Verano Avenue, Sonoma CA 95476
707.938.8544 707.938.8556 fax

AUTHORIZATION FORM

DISCLOSURE & RELEASE FORM Employee Driving Record Information

Date: _____

Employee Name: _____

Address _____

City, State, Zip Code _____

I understand that Consumer Reports, including Motor Vehicle Reports and Medical Reports may be obtained as part of the Boys & Girls Clubs of Sonoma Valley's evaluation of my job application and/or employment. The reports may be obtained by the Company's insurance broker or insurance company and may include my driving record, an assessment of my insurability under the Company's insurance coverages, or other consumer reports. By signing this disclosure, I hereby authorize the Company to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

Signature of Employee: _____

Printed Name: _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Interviewer

Date

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____
Name and Title Date