



**BOYS & GIRLS CLUBS
OF THE SEQUOIAS**

We are an "at-will equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, medical condition, national origin or marital status. Offer of employment are contingent on applicant passing a job-related physical, background check, and/or an agility test.

**PERSONAL INFORMATION:
MUST BE AT LEAST 18 YEARS OF AGE TO APPLY**

NAME (LAST NAME, FIRST NAME): _____ DATE: _____

PRESENT ADDRESS: _____

CITY ZIPCODE

PERMANENT ADDRESS: _____

CITY ZIPCODE

PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

REFERRED BY: _____ ARE YOU 18 YEARS OF AGE OR OLDER? _____

IN CASE OF EMERGENCY NOTIFY: _____
NAME PHONE

EMPLOYMENT DESIRED:

POSITION: _____

DATE YOU CAN START: _____ SALARY EXPECTED: _____

ARE YOU EMPLOYED? YES ___ NO ___

IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES ___ NO ___

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES ___ NO ___

WHERE? _____ WHEN? _____

IF IN COLLEGE/UNIVERSITY, ARE YOU ELIGIBLE FOR WORK-STUDY AID?

YES _____ NO _____ DON'T KNOW _____

EDUCATION:

CIRCLE HIGHEST GRADE COMPLETED 8 9 10 11 12 GED	COLLEGE					POST GRADUATE					MAJOR	NO. OF YRS. COMPLETED	DEGREES OBTAINED	DATE LEFT OR GRADUATED	
	1	2	3	4	5	2	3	4	5						
JUNIOR COLLEGE LOCATION															
COLLEGE OR UNIVERSITY LOCATION															
OTHER EDUCATION OR SPECIAL LOCATION TRAINING (INCLUDE MILITARY)															

GENERAL BACKGROUND INFORMATION

HAVE YOU EVER BEEN TERMINATED INVOLUNTARILY FROM A PAID OR VOLUNTEER POSITION OR SUSPENDED FROM AN EDUCATIONAL INSTITUTION? YES ___ NO ___
(IF YES, PLEASE EXPLAIN CIRCUMSTANCES.)

DO YOU HAVE A VALID DRIVER'S LICENSE? YES ___ NO ___ IF YES, WHICH STATE(S) _____

DRIVER'S LICENSE NUMBER(S): _____

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

WHAT FOREIGN LANGUAGE DO YOU SPEAK FLUENTLY? _____
READ _____ WRITE _____

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED: _____

WERE YOU EVER INJURED? YES ___ NO ___ GIVE DETAILS: _____

HAVE YOU ANY HEARING IMPAIRMENT? YES ___ NO ___

IN VISION? YES ___ NO ___ IN SPEECH?: YES ___ NO ___

WORKERS COMPENSATION LAW ALLOWS THE PREDESIGNATION OF A TREATING PHYSICIAN OR CHIROPRACTOR. IF YOU WISH TO PREDESIGNATE A CURRENT, PHYSICIAN OR CHIROPRACTOR, INSERT NAME HERE: _____

WORK EXPERIENCE (LAST 5 YEARS)

SHOW PRESENT OR LAST EMPLOYER FIRST AND WORK BACK. BE SURE TO LIST ALL EMPLOYERS FOR THE PAST 5 YEARS. USE ADDITIONAL PAGES, IF NEEDED. DO NOT DETAIL DUTIES AND RESPONSIBILITIES IF DESCRIBED IN A RESUME THAT YOU ARE ATTACHING.

1. **COMPANY NAME:** _____
YOUR TITLE: _____
COMPANY ADDRESS: _____
DATE STARTED: _____ **DATE LEFT:** _____
SUPERVISOR'S NAME & TITLE: _____
TELEPHONE: _____ **MAY WE CONTACT?** _____

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: _____

REASON FOR LEAVING _____

2. **COMPANY NAME:** _____
YOUR TITLE: _____
COMPANY ADDRESS: _____
DATE STARTED: _____ **DATE LEFT:** _____
SUPERVISOR'S NAME & TITLE: _____
TELEPHONE: _____ **MAY WE CONTACT?** _____

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: _____

REASON FOR LEAVING _____

3. **COMPANY NAME:** _____
YOUR TITLE: _____
COMPANY ADDRESS: _____
DATE STARTED: _____ **DATE LEFT:** _____
SUPERVISOR'S NAME & TITLE: _____
TELEPHONE: _____ **MAY WE CONTACT?** _____

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: _____

REASON FOR LEAVING _____

EXPLAIN ANY GAPS IN YOUR EMPLOYMENT HISTORY: _____

VOLUNTEER EXPERIENCE

1. AGENCY NAME: _____
AGENCY ADDRESS: _____
DATE STARTED: _____
HOW LONG WERE YOU INVOLVED? _____
SUPERVISOR'S NAME & TITLE: _____
TELEPHONE: _____ MAY WE CONTACT? _____

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: _____

2. AGENCY NAME: _____
AGENCY ADDRESS: _____
DATE STARTED: _____
HOW LONG WERE YOU INVOLVED? _____
SUPERVISOR'S NAME & TITLE: _____
TELEPHONE: _____ MAY WE CONTACT? _____

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: _____

MEMBERSHIPS IN CIVIC AND PROFESSIONAL ASSOCIATIONS, CLUBS OR ORGANIZATIONS: _____

OTHER SKILLS AND INTERESTS: _____

Why do you want to work for Boys & Girls Clubs? _____

What do you expect to be doing in the next five years? _____

What would your last manager/supervisor say about your job performance? _____

I UNDERSTAND AND ACKNOWLEDGE THE FOLLOWING:

1. If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S.
2. I understand that I will be required to possess a current and valid California driver's license if my job requires me to drive in the course of my work. I agree that the Company may obtain records from any state Department of Motor Vehicles to verify my driving record.
3. I understand that, except for the Executive Director of the Boys & Girls Clubs of the Sequoias, no supervisor or manager may alter or amend the above conditions. Only the Executive Director of the Boys & Girls Clubs of the Sequoias has authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

AUTHORIZATION: I authorize investigation on all statements contained in this application. I understand that misrepresentation or omission on any information supplied in the application process may result in dismissal. Further, I understand and agree that my employment is "at will," which is for no definite period and may, regardless of the method of payment or my wages or salary, be terminated at any time without cause and any previous notice. I also accept the employer's right to enter an Alternative Dispute Resolution Procedure to resolve employment disputes.

Date: _____ Signature: _____

**Return Application to the Administration Office:
Boys & Girls Clubs of the Sequoias 215 W Tulare Ave. Visalia, CA 93277
careers@bgcsequoias.org**

OFFICE USE ONLY

NO INTERVIEW	INTERVIEW 1		INTERVIEW 2		HIRE	
_____	DATE	TIME	DATE	TIME	YES	NO

COMPUTER ENTRY ON _____ BY _____