NAME			
	LAST	FIRST	M.I.
DATE			

## **EMPLOYMENT APPLICATION FORM**

## **GREAT FUTURES START HERE.**



920-818-1046 55 S. Third Avenue Sturgeon Bay, WI 54235



## EMPLOYMENT APPLICATION

Equal Opportunity Employer

GENERAL								
NAME (Las	t)	(First)	(Middle Initial)		TELEP	TELEPHONE (Area Code)		
OTHER NAMES USED								
PRESENT ADDRESS								
ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES?  YES  NO		ARE YOU AT LEAST 18 YEARS OF AGE?  YES NO		IF N	NOT, DO YOU HAVE A WORK PERMIT? YES NO			
HOW WERE YOU REFERRED TO BOYS & GIRLS CLUBS OF AMERICA (BGCA)?								
PREVIOUS EMPLOY	MENT WITH BGCA (If any, give dates, position	n, location)						
RELATIVES EMPLO	YED BY BGCA (If any, give dates, positions)							
THEFT, BANKING FI	ONVICTED OF, PLEAD GUILTY TO, AND/O RAUD, DRUG AND/OR ALCHOHOL-RELAT crime will not necessarily disqualify you for em	ED OFFENSES, ASSAULT, E	ETC.)? If yes,	please explain (state, d	late, court, type	of crime, place of or	NOT L	IMITED TO SEXUAL OFFENDER CRIMES, (ce, disposition):
POSITION APPLIED FOR								
TITLE OR CATEGOR	Y			S	SALARY REQU	JIREMENTS		
DATE AVAILABLE WILLINGNESS TO TRAVEL? (Approximate percentage if position indicates)			mate percentage if position indicates)					
EDUCATION								
SCHOOL	NAME AND LOCATION	MA	JOR		GRA YES	NO	DE	EGREE
HIGH SCHOOL								
COLLEGE OR UNIVERSITY								
OTHER SCHOOLS (Graduate, technical, business, military, etc.)								

WORK EXPERIENCE Start with current or last employer first. Do not detail duties and responsibilities if described in attached resume.					
COMPANY NAME		YOUR TITLE			
COMPANY ADDRESS (Street & No.)		(City)	(State) (Zip)		
START DATE	END DATE	STARTING SALARY	LAST SALARY		
SUPERVISOR'S NAME	SUPERVISOR'S TITLE	TELEPHONE	MAY WE CONTACT EMPLOYER? ☐ YES ☐ NO		
BRIEF DESCRIPTION OF DUTIES & RESPONSIBILITIES					
REASON FOR LEAVING					
COMPANY NAME		YOUR TITLE			
COMPANY ADDRESS (Street & No.)		(City)	(State) (Zip)		
START DATE	END DATE	STARTING SALARY	LAST SALARY		
SUPERVISOR'S NAME	SUPERVISOR'S TITLE	TELEPHONE	MAY WE CONTACT EMPLOYER?  YES  NO		
BRIEF DESCRIPTION OF DUTIES & RESPONSIBILITIES					
REASON FOR LEAVING					
COMPANY NAME		YOUR TITLE			
COMPANY ADDRESS (Street & No.)		(City)	(State) (Zip)		
START DATE	END DATE	STARTING SALARY	LAST SALARY		
SUPERVISOR'S NAME	SUPERVISOR'S TITLE	TELEPHONE	MAY WE CONTACT EMPLOYER? ☐ YES ☐ NO		
BRIEF DESCRIPTION OF DUTIES & RESPONSIBILITIES					
REASON FOR LEAVING					

	ALL APPLICANTS
ALL SOFTWARE APPLICATION SKILLS:	
HINES YOU CAN OPERATE:	
Can you perform this job (a accommodation?	as detailed verbally or in the job description) with or without reasonable
AUTHORIZAT	ION TO RELEASE EMPLOYMENT REFERENCE INFORMATION
and made during my emplo any and all questions based that it is possible that my p	Girls Clubs of Door County will attempt to verify statements made on my application by ment interview. I hereby give my permission for my former employers to answer I upon information available to them in my prior employment records. I understand rior employment records may not be accurate. Nonetheless, in consideration of ew of this application and my candidacy for employment, I release BGC of Door

## JOB APPLICANT AGREEMENT

I understand that Boys & Girls Clubs of Door County 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 BGC of Door County. The use of this application blank does not indicate there are positions open and does not in any way obligate BGC of Door County.

I also authorize BGC of Door County 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 BGC of Door County 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 BGC of Door County. I understand that I have the right to terminate my employment at any time with or without notice, with or without cause, and that BGC of Door County has a similar right. I understand my employment by BGC of Door County does not constitute a guarantee that any position be continued 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 BGC of Door county. I also understand that BGC of Door County 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 CPO of BGC of Door County has authority to make any other agreement.

The Immigration Reform and Control Act of 1986 requires that, after employment, employers verify the lega
work authorization and identity of all new employees. An offer of employment will depend upon BGC of
Door County ability to verify this necessary information. Applications will not be considered active after the
position is filled. I understand that BGC of Door County 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 status, race, color, creed, national origin or disability.

(revised 3/31/06)