

Last

First

**Applicant Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**EMPLOYMENT APPLICATION**

**BOYS AND GIRLS CLUB OF JOHNSON CITY/WASHINGTON COUNTY**



**2210 W. MARKET STEET  
JOHNSON CITY, TN 37604  
423.461.4560**

I understand that Boys & Girls Club of Johnson City/Washington County (BGC of JC/WC) 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 JC/WC. The use of this application blank does not indicate there are positions open and does not in any way obligate BGC of JC/WC.

I also authorize BGC of JC/WC 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 JC/WC 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 JC/WC. 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 JC/WC has a similar right. I understand my employment by BGC of JC/WC 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 JC/WC. I also understand that BGC of JC/WC 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 Chief Professional Officer or Board has authority to make any other agreement.

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

Applications will not be considered active after the position is filled. I understand that BGC of JC/WC will attempt to verify statements made on my application and made during any employment interview.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# GENERAL

NAME (Last)	(First)	(Middle Initial)	TELEPHONE (Area Code)
OTHER NAMES USED			
PRESENT ADDRESS			
ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES?		ARE YOU AT LEAST 18 YEARS OF AGE? IF NOT, DO YOU HAVE A WORK PERMIT?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
HOW WERE YOU REFERRED TO BOYS & GIRLS CLUB OF JOHNSON CITY?			
PREVIOUS EMPLOYMENT WITH BGC (If any, give dates, position, location)			
RELATIVES EMPLOYED BY BGC (If any, give dates, positions)			
HAVE YOU 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.)? If yes, please explain (state, date, court, type of crime, place of occurrence, disposition):			
<input type="checkbox"/> YES <input type="checkbox"/> NO <i>Note: Conviction of a crime will not necessarily disqualify you for employment. Each conviction will be judged on its own merit with respect to time and job relatedness.</i>			

# POSITION APPLIED FOR

TITLE OR CATEGORY	SALARY REQUIREMENTS
DATE AVAILABLE	WILLINGNESS TO TRAVEL? (Approximate percentage if position indicates)

# EDUCATION

SCHOOL	NAME AND LOCATION	MAJOR	GRADUATE		DEGREE
			YES	NO	
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			

Continue on back -- Complete all sections--Do not forget to sign, date and initial where necessary.  
Incomplete forms will not be considered.

**AUTHORIZATION TO RELEASE EMPLOYMENT REFERENCE INFORMATION**

I understand that Boys & Girls Club of Johnson City/Washington County will attempt to verify statements made on my application and made during my employment interview. 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, in consideration of BGC of JC/WC's review of this application and my candidacy for employment, I release BGC of JC/WC 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 BGC of JC/WC can contact references and make a full background check of my previous work history will be deemed interference with and a withdrawal of my application for employment.

\_\_\_\_ \*Yes \_\_\_\_ \*No (\*Place your initials in the appropriate space to indicate and document your consent to this authorization.)

\_\_\_\_\_  
Signature Date

**AUTHORIZATION FOR CONSENT FOR RECORDS AND BACKGROUND CHECK**

I hereby authorize the BGC of JC/WC bearing this release, or copy therefo, within one year of it's date, to obtain any information in your files pertaining to my:

- |                              |                          |
|------------------------------|--------------------------|
| ____ Medical History         | ____ Previous Employment |
| ____ Education               | ____ Credit              |
| ____ Law Enforcement Records | ____ Driving Record      |

I hereby direct you to release such informaiton upon request of the bearer. Futher, I hereby release you, as the custodian of such records; federal, state or local authority, any achool, college, university, or other educational institutions, hospital, or other reposory of medical records, credit bureau or consumer reporting agency, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. This release is executed in full knowledge and understanding that the information is for the offical use of the Boys and Girls Club of Johnson City/Washington County. Should there be any question of the validity of this release, you may contact me as indicated below.

Full Name(Printed)\_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Current Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Phone Number(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State\_\_\_\_\_

\_\_\_\_ \*Yes \_\_\_\_ \*No (\*Place your initials in the appropriate space to indicate and document your consent to this authorization.)

\_\_\_\_\_  
Signature Date