



**BOYS & GIRLS CLUBS
OF THE BLACK HILLS**

EMPLOYMENT / JOB APPLICATION

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ **PHONE:** _____

SOCIAL SECURITY NUMBER (SSN): ____ - ____ - ____ **DATE OF BIRTH:** _____

DATE AVAILABLE: _____ **DESIRED PAY:** \$ _____ HOUR SALARY

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME SEASONAL

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? YES NO*

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES* NO

***IF YES, WRITE THE START AND END DATES:** _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES* NO

***IF YES, PLEASE EXPLAIN:** _____

EDUCATION

HIGH SCHOOL: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? YES NO **DIPLOMA:** _____

COLLEGE: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? YES NO **DEGREE:** _____

OTHER: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

DEGREE/CERTIFICATION: _____

OTHER: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
Company / Individual

E-MAIL: _____ **PHONE:** _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY **ENDING PAY:** \$ _____ HOUR SALARY

JOB TITLE: _____ **RESPONSIBILITIES:** _____

FROM: _____ **TO:** _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____
Company / Individual

E-MAIL: _____ **PHONE:** _____

ADDRESS: _____
Street Address Apt/Suite

City

State

Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 3: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City

State

Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

REFERENCES
(PROFESSIONAL ONLY)

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

MILITARY SERVICE

ARE YOU A VETERAN? YES NO

BRANCH: _____ RANK AT DISCHARGE: _____

FROM: _____ TO: _____

TYPE OF DISCHARGE: _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____

ALL APPLICANTS

TALENTS: _____

PLEASE LIST ALL SOFTWARE APPLICATION SKILLS: _____

OFFICE MACHINES YOU CAN OPERATE: _____

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES NO

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ **DATE** _____

PRINT NAME _____



PHYSICAL REQUIREMENTS/WORK ENVIRONMENT:

- Staff must be able to stand on their feet for a long period of time.
- Lift more than 30 lbs.
- Walk more than 200 yards.
- Staff must be able to be in the sun, it is the staff's responsibility to use proper sun block and have proper attire for Club activities.
- It is the staff's responsibility to disclose prior allergies or medical issues. Previous conditions may prevent a position from being offered if it is not safe for you to be around members.
- **NO** drugs shall be done prior to or during your work hours. Regardless of if they are medically prescribed. (examples include but are not limited to cannabis and methamphetamine)

By signing, you confirm that you can perform this job (as detailed verbally or in the job description) with or without reasonable accommodations.

SIGNATURE REQUIRED HERE

DATE

Allergies: No _____ (initials) Yes, please list _____

AUTHORIZATION TO RELEASE EMPLOYMENT REFERENCE INFORMATION

I understand that the Boys & Girls Clubs of the Black Hills (BGCBH) will attempt to verify statements made on my application and made during my employment interview. I hereby give my permission to 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 BGCBH's review of this application and my candidacy for employment. I release BGCBH and all former employers from my liability as a result of the furnishing and receiving of this reference information. I understand that my failure to sign this reference release so that BGCBH 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



JOB APPLICANT AGREEMENT

I understand that the Boys & Girls Clubs of the Black Hills (BGCBH) requires certain information about me to evaluate my qualifications for employment and conduct 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 BGCBH. The use of this application blank does not indicate there are positions open and does not in any way obligate BGCBH.

I also authorize BGCBH 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 BGCBH from any and all liability for it providing this information. I understand that I have the right to make a written request within a reasonable period of time for the 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 BGCBH. I understand that I have the right to terminate my employment at any time with or without notice, with or without cause, and that BGCBH has a similar right. I understand my employment by BGCBH 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 BGCBH. I also understand that BGCBH has the right to modify its policies without giving me any notice of the changes. No promises regarding employment have been made to me.

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 BGCBH's ability to verify this necessary information.

Applications will not be considered active after the position is filled. I understand that BGCBH will attempt to verify statements made on my application and made during my employment interview.

Signature

Date