



BOYS & GIRLS CLUB
OF NORTHEASTERN PENNSYLVANIA

EMPLOYMENT APPLICATION

DATE: _____

Name: _____ Social Security No: _____
Last First Middle

Present Address: _____ Telephone No: _____
No. Street
City State Zip

Those needing disability-related accommodations for interviews should request them in advance.

Are you legally eligible for employment in the U.S.A.? Yes ___ No ___ (If yes, verification will be required.)

Are you of the legal age to work? Yes ___ No ___

Position(s) applied for: _____

Were you previously employed by us? _____ If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____

Are there any other experiences, skills, or qualifications, which will be of special benefit in the job for which you are applying? (Applicant should not list any information that Federal and/or State law precludes obtaining in the pre-employment stage.)

RECORD OF EDUCATION

SCHOOL	Name & Address of School	Course of Study	Circle Last Year Completed	Did you Graduate? (Circle)	List Diploma or Degree
High			1 2 3 4	Yes No	
College			1 2 3 4	Yes No	
Other (Specify)			1 2 3 4	Yes No	

Were you in the U.S. Armed Forces? Yes ___ No ___ If yes, what Branch? _____

Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for? _____

Have you ever been convicted of a crime, other than a misdemeanor or summary offense in the past ten years that has not been annulled, expunged or sealed by the court? _____ If so, please describe _____

PERSONAL REFERENCES (Not Former Employees or Relatives)

Name & Occupation	Address	Phone Number

List below present and past employment, beginning with your most recent.

Name & Address of Company & Type of Business	From	To	Salary per week		Reason for Leaving	Name of Supervisor
	Mo. Yr.	Mo. Yr.	Starting	Ending		
	Describe the work you did.					
Telephone						
Name & Address of Company & Type of Business	From	To	Salary per week		Reason for Leaving	Name of Supervisor
	Mo. Yr.	Mo. Yr.	Starting	Ending		
	Describe the work you did.					
Telephone						
Name & Address of Company & Type of Business	From	To	Salary per week		Reason for Leaving	Name of Supervisor
	Mo. Yr.	Mo. Yr.	Starting	Ending		
	Describe the work you did.					
Telephone						

I hereby give permission to contact the employers listed above concerning my prior work experience.

Signed _____

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s) _____

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application will result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that any employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by an officer.

In making this application for employment, I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

I also authorize you to conduct a police and child abuse background check of me, which may require me to be fingerprinted.

I also acknowledge that I have read and understand the proceeding statements.

Signature of Applicant

Date

Revised Date
1-26-05

EMPLOYEE DISCLOSURE STATEMENT

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse as defined by the Child Protective services Law within the preceding five years.

I swear/affirm that I have not been convicted of one or more of the following crimes under Title 18 of the Pennsylvania Statutes or equivalent crime in another state within the preceding five years.

- Chapter 25 (relating to criminal homicide)
- Section 2702 (relating to aggravated assault)
- Section 2901 (relating to kidnapping)
- Section 2902 (relating to unlawful restraint)
- Section 3121 (relating to rape)
- Section 3122 (relating to statutory rape)
- Section 3123 (relating to involuntary deviate sexual intercourse)
- Section 3126 (relating to indecent assault)
- Section 3127 (relating to indecent exposure)
- Section 4303 (relating to dealing in infant children)
- A felony under section 5904(b) (relating to prostitution and related offenses)
- Section 5903 (c) or (d) (relating to obscene and other sexual materials)
- Section 6301 (relating to corruption of minors)
- Section 6312 (relating to sexual abuse of children)

I understand that as a provisionally hired employee/volunteer that I must work within eyesight of a permanent employee at all times.

I understand that I must be dismissed if I have been names as a perpetrator of founded report of child abuse or have been convicted of any of the crimes listed above within the past five years.

I understand that my employment may be terminated if I have been names as the perpetrator of a founded report or child abuse longer then give years ago, the perpetrator of an indicated report of child abuse, or convicted of any of the crimes listed above longer then five years ago.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that the penalty for false swearing is a misdemeanor of the third degree pursuant to Section 4903(b) of the crimes code.

Date: _____

Name: _____

Witness: _____

Signature: _____

Reference Check Report

Employee/Volunteer: _____

Reference 1: _____

Date contacted: _____ By: _____

Comments:

Reference 2:

Date contacted: _____ By: _____

Comments:

Employment Reference 1: _____

Date contacted: _____ By: _____

Comments:

ID Verification:

Document title: _____

Issuing Authority: _____

Document #: _____

Verified By: _____ Date: _____