



**BOYS & GIRLS CLUB
OF PHARR**

APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job-related medical condition, handicap or disability.

Date of Application: / / **Application #**

Position(s) Applied For:

Referral Service: *Advertisement* *Temp. Employment Agency* *High School Programs*
 Texas Workforce Solutions *AARP* *Volunteer*
 Friend *State Programs* **Other:** _____

Name
(Last) (First) (Middle)

Address
(Street) (City) (State) (Zip)

Telephone No. () ()
(Home) (Other) **Social Security No.** - -

Are you known by any other name? **Yes** **No**

If yes, by what name?

Will you accept temporary employment? **Part-time?**

On Shifts? **On what date can you be available for work?**

Identify below the person(s) to be notified in case of an emergency.

NAME	ADDRESS	CITY	PHONE NO.
			()
			()
			()

Have you ever been convicted of a felony, been placed on probation, or released from prison within the last seven (7) years? Yes No

If yes, describe in full, including date(s)

Have you ever been convicted of any offense, excluding parking violations? Yes No

If yes, describe in full, including dates(s)

Have you ever been placed on deferred probation on a conviction of any offense? Yes No

If yes, describe in full, including dates(s)

Note: A Criminal Background Check will be conducted on all prospective employment applicants and other volunteer placements. A criminal record does not constitute an absolute bar to employment factors such as age at the time of the offense; rehabilitation efforts, how recent and seriousness of the crime, will be taken into account.

Have you been bonded? Yes No If yes, for what position?

Have you ever been refused a bond? Yes No If so, why?

Give name, address, and phone number of three (3) references (not related to you and not former employers or relatives) who have personal knowledge of your character, experience and ability.

NAME	MAILING ADDRESS	CITY	(A/C) PHONE NO.
			()
			()
			()

List all licenses you hold (drivers, electrician, etc.)

TYPE	ISSUING AGENCY	LICENSE NO.	EXPIRATION DATE

Note: Drivers license records and other licenses will be investigated where essential and job-related.

EMPLOYMENT EXPERIENCE: List below each job held. Start with your present or last job. Include military service, paid or unpaid, full or part time, summer job, etc. **Note:** Previous employers will be contacted to verify your employment record.

Employer	Dates		Work Performed
	<u>From</u>	<u>To</u>	
Address			
City State Zip Code	Hourly Rate/Salary		
	<u>Starting</u>	<u>Ending</u>	
Phone No. ()			
Job Title	Supervisor		
Reason For Leaving			

Employer	Dates		Work Performed
	<u>From</u>	<u>To</u>	
Address			
City State Zip Code	Hourly Rate/Salary		
	<u>Starting</u>	<u>Ending</u>	
Phone No. ()			
Job Title	Supervisor		
Reason For Leaving			

Employer	Dates		Work Performed
	<u>From</u>	<u>To</u>	
Address			
City State Zip Code	Hourly Rate/Salary		
	<u>Starting</u>	<u>Ending</u>	
Phone No. ()			
Job Title	Supervisor		
Reason For Leaving			

If space is needed for additional information, please provide an attachment.

SPECIAL SKILLS AND QUALIFICATIONS:

Summarize special skills and qualifications acquired from employment or other experience.

EDUCATION:

	Elementary	High School	College/ University	Graduate/ Professional
School Name				
Yrs. Completed	1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree Course of Study				
Specialized Training, Skills, Apprenticeship				

Applicant Please Read The Following Carefully

CERTIFICATION

I hereby certify that answers given herein are true and complete to the best of my knowledge and agree that if employed, any misrepresentation, falsification or omission of facts thereon shall justify my dismissal.

I hereby authorize the Boys & Girls Club of Pharr to fully investigate my record and work qualifications either before or after my employment by the Boys & Girls Club of Pharr and to facilitate such investigation, I also hereby authorize any persons, office, agency or source, having information and knowledge about my personal, employment, criminal, credit or financial history; prior work related injury information, physical screening, drug/alcohol screening and other related matters as may be necessary in arriving at an employment decision to furnish and release such information to the Boys & Girls Club of pharr. I hereby release employers, schools, agencies, or persons from all liability in responding to inquiries in connection with my application.

In submitting this application, I understand that it becomes the property of Boys & Girls Club of Pharr and will not be returned. I hereby understand and acknowledge that, any employment relationship with the B&GCP is of an "at will" nature, which means any employee may be removed by the Executive Director, by the head of a department or by other appointing officer at any time in accordance with applicable law.

Signature of Applicant

Date

Applicant please note: All applications will be maintained in an active file for two (2) years and then discarded unless applicant contacts the Department of Personnel.

Employment Information

SUPPLEMENTAL INFORMATION

NAME:
(Last) (First) (Middle) (Maiden)

DATE: / /

This information is used for statistical reporting to various regulatory agencies. The information will be detached from your application and will in no way be used in consideration of your application for employment.

POSITION(S) APPLYING FOR:

RACE/SEX:

A. Caucasian Male	<input type="checkbox"/>	G. Caucasian Female	<input type="checkbox"/>
B. Black Male	<input type="checkbox"/>	H. Black Female	<input type="checkbox"/>
C. Spanish Surname Male	<input type="checkbox"/>	I. Spanish Surname Female	<input type="checkbox"/>
D. American Indian Male	<input type="checkbox"/>	J. American Indian Female	<input type="checkbox"/>
E. Asian American Male	<input type="checkbox"/>	K. Asian American Female	<input type="checkbox"/>
F. "Other" Male	<input type="checkbox"/>	L. "Other" Female	<input type="checkbox"/>

If "other", please specify _____

WHAT LED YOU TO APPLY WITH THE CITY?

<input type="checkbox"/> Stopped in to check on available jobs.	<input type="checkbox"/> Responding to an advertised vacancy.
<input type="checkbox"/> Referred by a City employee.	<input type="checkbox"/> Referred by T.W.S.
<input type="checkbox"/> Referred by an employment agency.	<input type="checkbox"/> Other (please list) _____

HAVE YOU PREVIOUSLY APPLIED WITH THE B&GCP? Yes If yes, when? (Mo.) _____ (Yr.) _____
 No For what position? _____

HAVE YOU PREVIOUSLY WORKED FOR THE B&GCP? Yes If yes, when? (Mo.) _____ (Yr.) _____
 No

WHAT OTHER NAMES HAVE YOU BEEN EMPLOYED BY? _____

BACKGROUND RECORD CHECK

The Board of Directors has requested that a background record check be conducted for all employees and volunteers of the Boys & Girls Club of Pharr.

AUTHORIZATION

Name _____ Social Security# _____

Date of Birth _____ Drivers License# _____ State _____

Address _____ City/State _____ Phone # _____

Volunteer _____ Employee _____

Please consider this as your authority to furnish copies of any background record check to the Boys & Girls Club of Pharr.

The record, which you are authorized to release are those related to any legal infraction that may appear in your files. A copy will be available upon request.

It is agreeable that a photocopy of this authorization may be accepted by you the same as an original signed copy.

Signature

Date