



BOYS & GIRLS CLUBS
OF FOND DU LAC

Last

First

Middle

Application for Employment

(Pre-employment questionnaire. An Equal Opportunity Employer)

Date: _____

Personal Information

Name: _____ Social Security Number: _____
Last First Middle

Present Address: _____
Street City State ZIP

Permanent Address: _____
Street City State ZIP

Phone: _____ Are you 18 years or older? Yes No

Are you prevented from lawfully becoming employed
in this country because of Visa or immigration status? Yes No

Employment Desired

Position: _____ Date you can start: _____ Salary Desired: _____

Are you employed now? Yes No If so, may we inquire of your present employer? Yes No

Ever applied to this organization before? Yes No Where? _____ When? _____

Referred by: _____

Education (include high school, vocational, military and any other)

Education Level	Name & Location of School	Years Attended*	Did you graduate?*	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

General Information

Subjects of special study or research work: _____

Special Skills: _____

Activities (civic, athletic, etc.): _____

Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members.

U.S. Military or Naval Service: _____ Rank: _____ Present membership In National Guard or Reserves: Yes No

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* This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

Former Employers (list below last three employers, starting with last one first)

Date (MM/YYYY)	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

Which of these jobs did you like best? _____

What did you like most about this job? _____

References (Give the names of three persons not related to you, whom you have known at least one year)

Name	Address	Business	Years Acquainted
1			
2			
3			

The following statement applies in: Maryland & Massachusetts.

(Fill in name of state) It is unlawful in the state of _____ to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Signature of Applicant: _____

In Case of Emergency Notify

Name: _____ Address: _____ Phone: _____

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the Club's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the Club's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the Club. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Date: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Date: _____

Remarks: _____

Neatness: _____ Ability: _____

Hired: Yes No Position: _____ Dept.: _____

Salary/Wage: _____ Date reporting to work: _____

Approved: 1. _____ 2. _____ 3. _____



Fond du Lac School District Employment Application

Criminal Background Check

This district conducts a criminal records inquiry on all employees and volunteers.

By my signature, I hereby authorize the Fond du Lac School District or the Boys & Girls Club of Fond du Lac to conduct a criminal background check through the Department of Justice or any other governmental agency as a condition of employment.

Print Name

Social Security Number

Date of Birth

Other Name

Driver's License Number

Signature of Applicant: _____ Date: _____