



# EMPLOYMENT APPLICATION

Boys & Girls Clubs of Fort Wayne is an Equal Opportunity Employer and does not discriminate due to race, color, religion, gender, sexual orientation, age, national origin, disability, citizenship, pregnancy, or military/veteran status or any other protected status.

**3402 S Meridian St, Marion, IN 46953**

**NOTICE - Print Clearly - Unreadable or Incomplete Applications Will Not Be Considered.**

**PERSONAL INFORMATION:**

First Name		M/I	Last Name		Today's Date
Street Address				Primary Phone:	
City, State, Zip				Alternate Phone:	
Personal E-Mail Address (PRINT CLEARLY)				Are you 18 years of age or older? Yes No	If under 18, can you provide a work permit? Yes No
Are you legally eligible for employment in the United States? Yes No			Can you provide proof of U.S. citizenship or your legal right to work in the U.S.? Yes No		
Position Desired	Pay Desired	Date available to start?	<input type="checkbox"/> Full Time On-Going <input type="checkbox"/> Part Time On-Going <input type="checkbox"/> Summer (Seasonal)		
Are you currently employed? No Yes Employer:			Are you currently a student? No Yes School:		
How did you hear about this position?	Any friends or relatives employed here? Name:		Were you ever a member of the Club?		
Have you applied for work here before?	Have you ever worked here before?		Have you ever volunteered here before?		
Do you live within 30 minutes driving distance from Marion? Yes No		How will you get to and from work? <input type="checkbox"/> Own vehicle <input type="checkbox"/> Ride with others <input type="checkbox"/> Public transportation <input type="checkbox"/> Walk <input type="checkbox"/> Other (explain)			
Driver License or State ID Number:	State:	Expiration Date:	Documents Required: <input type="checkbox"/> High School or College Diploma, <input type="checkbox"/> Driver License, <input type="checkbox"/> Proof of Eligibility to work in the US.		
Have you had any motor vehicle accidents in the past three years? No Yes: Please describe:			Have you had any moving violations in the past three years? No Yes: Please describe:		
Have you, in the last 7 years, been convicted of a DUI? No Yes	Have you ever been convicted of a felony? No Yes <i>(A conviction does not automatically disqualify you for employment. Factors such as age, date of conviction, how long ago, seriousness and nature of the crime, and rehabilitation are considered)</i>				
Reason for conviction:			Date of conviction:	State & County of conviction:	

**EDUCATION:**

	Name of School/College:	Course of Study	Graduation Date Month/Year	Type of Degree	Notes
High School					
College(s)					
Grad. School(s)					
Trade/Tech					

Professional Licenses	
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**EMPLOYMENT HISTORY:**

- Provide accurate and complete, full-time and part-time employment history beginning with your present or most recent employer.
- Any breaks in employment longer than one month must be explained in the Unemployed Section.

<b>Company Name:</b>		Telephone ( )	Fax ( )
Address, City, ST Zip		FROM: Month, Year	TO: Month, Year
Name of Supervisor/contact person	Starting Pay	Ending Pay	Reason for Leaving
State your job title and describe your essential job functions			May we Contact? [ ] Yes [ ] No

<b>Unemployed:</b> From:	To:	Verifying Person:
Explanation:		Phone:

<b>Company Name:</b>		Telephone ( )	Fax ( )
Address, City, ST Zip		FROM: Month, Year	TO: Month, Year
Name of Supervisor/contact person	Starting Pay	Ending Pay	Reason for Leaving
State your job title and describe your essential job functions			May we Contact? [ ] Yes [ ] No

<b>Unemployed:</b> From:	To:	Verifying Person:
Explanation:		Phone:

<b>Company Name:</b>		Telephone ( )	Fax ( )
Address, City, ST Zip		FROM: Month, Year	TO: Month, Year
Name of Supervisor/contact person	Starting Pay	Ending Pay	Reason for Leaving
State your job title and describe your essential job functions			May we Contact? [ ] Yes [ ] No

<b>Unemployed:</b> From:	To:	Verifying Person:
Explanation:		Phone:

<b>Company Name:</b>		Telephone ( )	Fax ( )
Address, City, ST Zip		FROM: Month, Year	TO: Month, Year
Name of Supervisor/contact person	Starting Pay	Ending Pay	Reason for Leaving
State your job title and describe your essential job functions			May we Contact? [ ] Yes [ ] No

**US VETERAN: [ ] No [ ] Yes:**

Branch of Service:	FROM: Month, Year	TO: Month, Year	Rank:	Remarks:
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**PROFESSIONAL REFERENCES: (People you have worked with - not friends or relatives)**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company: \_\_\_\_\_ Relationship: \_\_\_\_\_

**ADDITIONAL INFORMATION: (Optional) Describe your participation in any job-related organizations:**  
(Exclude those which may disclose your race, color, age, ancestry, disability, religion, natural origin, or any other protected status)

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**SPECIAL SKILLS, CERTIFICATIONS, LICENSES:**

List any special skills, training, experience, or certifications you possess relevant to this position:

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**Bilingual:** List languages: \_\_\_\_\_

**If hired, what value would you add to our organization?**

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**MINIMUM JOB REQUIREMENTS:** You must have a valid Indiana driver's license, proof you are a high school graduate (diploma) or equivalent, proof that you are legally eligible to work in the United States, completion of your background checks, drug screen, previous employment verifications, and all other employment requirements. You must be capable of performing physically and mentally in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job for which you have applied.

**EVALUATION PERIOD:**

Your first 90-days of employment at is an evaluation period. This means you are not considered a regular status employee until you have met all requirements, which may include but are not limited to special training, certain tests to help determine your best fit within the organization, and other training, tests and exams.

During this time your attendance, punctuality, performance, skills, and capabilities are evaluated to determine your compatibility with the organization and your ability to successfully work with members, co-workers, supervisors and management. Continued employment after the 90-day period is contingent on your successful job performance according to your job description and Club policies and procedures, and completion of all employment requirements. Your work location and work schedule is subject to change depending on the Club and member needs.

**APPLICATION EXPIRATION:**

**This application expires 90 days from the date of application.** If you have not been invited to interview within that time period, it is likely the position has been filled. To be considered for employment beyond this time period, you will need to submit another application.

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**APPLICANT'S STATEMENT:**

I affirm that the information supplied in this application and accompanying documents, was submitted by myself, and all information is true and correct to the best of my knowledge. I understand that false or misleading information given in my application, resume or other application information and/or interview(s) will be considered as cause for possible dismissal. I also understand that I am to abide by all rules and regulations of the company and all applicable local, state and federal laws and regulations.

**At-Will Employment:** I understand and hereby acknowledge that my employment relationship with Boys & Girls Clubs of Fort Wayne (BGCFW) is At-Will. This means that my employment is for no specific term and there exists between Boys & Girls Clubs of Fort Wayne and myself no contractual agreement for employment or guarantee of continued employment, and that I and BGCFW are free to end the employment relationship at any time, with or without cause, and with or without notice.

I further acknowledge that this relationship is not changed by any written document, oral statement, claim or promise, by conduct or by implication, and that nothing in the BGCFW Job Application, Job Offer, Employee Handbook, Job Descriptions, Policies and Procedures, or any other BGCFW documents should be construed as a contract for employment or guarantee of continued employment.

I understand that my AT-WILL employment status cannot be altered except by a specifically written contract for employment signed by myself and Boys & Girls Clubs of Fort Wayne President and CEO.

**Background Checks:** A background check will be conducted to verify the veracity of the information submitted and will be utilized to develop information concerning my character, general reputation, personal characteristics, and mode of living. Boys & Girls Clubs of Fort Wayne has my authorization to investigate my: Employment History, Education (including authorization to release transcripts), Credit History, Criminal History, National Sex Offender registry, Medical and Professional Licensing, Motor Vehicle/Driving records, Residence History, and References, and that this information will be utilized as part of the employment processing procedures. By signing below I hereby authorize Boys & Girls Clubs of Fort Wayne to initiate Background Checks as stated above. Date of Birth and Social Security number is required for background checks and is not used for any other purpose.

In the event of employment, I understand that false or misleading information given in my application, resume or interview(s), or in-processing documents may result in immediate discharge. I understand, also, that I am required to abide by all rules and regulations, policies and procedures of Boys & Girls Clubs of Fort Wayne. I certify that answers given herein are true and complete.

**Signature of Applicant:** X \_\_\_\_\_ **Date:** \_\_\_\_\_



## REQUIRED DOCUMENTS

The following documents must be provided to Human Resources prior to being hired.

Please bring them with you if you are invited to interview.

- A Completed Employment Application (if not already provided)
- A Professional Resume' (if not already provided)
- Valid Driver License – OR – Federal or State ID Card
- Proof of Eligibility to work in the US: One of the following:
  - Social Security Card, or
  - US Passport, or
  - Birth Certificate, or
  - Or any of the other documents from the Documents List (see back)
- Proof of Education and Qualifications as appropriate: (Original Copies):
  - High School Diploma or equivalent document
  - College diploma or Official transcript if diploma is not available
  - Diplomas or Certificates from Technical, Trade or Specialized schools
  - Professional Licenses and Certificates relevant to this work
- Other Certifications:
  - Current [ ]CPR, [ ]1st Aid, [ ]AED [ ]CPI any other relevant certificates
  - Any other relevant documents or specialties

# DOCUMENTS LIST

Lists of Acceptable Documents. All documents must be UNEXPIRED

*Applicants may present one selection from List A  
or a combination of one selection from List B and one selection from List C.*

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH I.N.S. AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH D.H.S. AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

# Background Check & Drug Screen Authorization

Boys & Girls Clubs of Fort Wayne is required to complete certain background checks and verifications as a security requirement for working directly with kids, having access to certain member records, and for meeting compliance requirements with Club grants and programs. The following information is required in order to complete certain required background checks.

Date: \_\_\_\_\_

First Name, MI, Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

## AUTHORIZATION TO RELEASE RECORDS:

Boys & Girls Clubs of Fort Wayne has my authorization to thoroughly investigate my background, work and personal history, and to conduct a drug screen. I understand that the information supplied by me, regarding my: Employment History, Education (including an authorization to release transcripts), Credit History, Criminal History, Medical and Professional Licensing, Motor Vehicle Record(s), Residence History, National Sex Offender registry, and References, will be utilized as part of the processing procedures.

A background check will be conducted to verify the veracity of the information submitted and will be utilized to develop information concerning my character, general reputation, personal characteristics, and mode of living. I hereby authorize Boys & Girls Clubs of Fort Wayne to designate an agent of its choice to make a thorough check of my past employment, background, education, and activities.

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
Applicant: Printed Name Signature Date

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## OFFICE USE ONLY:

### BACKGROUND CHECK:

Date Initiated: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Confirmation: \_\_\_\_\_ Result: \_\_\_\_\_ To HR: \_\_\_\_\_

### DRUG SCREEN:

Date Initiated: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Confirmation: \_\_\_\_\_ Result: \_\_\_\_\_ To HR: \_\_\_\_\_