



# Boys & Girls Club of Muncie

P.O. Box 820  
Muncie, IN 47308  
Phone: (765) 282-4461 or Fax: (765) 286-4091

Attention: If a question does not apply to you, mark that question no applicable (N/A). Failure to answer every question may cause your application to be rejected.

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## Personal

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Date: \_\_\_\_\_ Soc. # \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

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

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

Telephone Number: \_\_\_\_\_ e-mail address: \_\_\_\_\_

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## Employment Desired

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Position Applying for: \_\_\_\_\_ Date Available: \_\_\_\_\_

Salary Expectation: \_\_\_\_\_ Have you applied here before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, When? \_\_\_\_\_

Referral Source: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_  
Name Phone number

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## References

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Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Number of years: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Number of years: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Number of years: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

This company complies with Title VI of the Civil Rights Act of 1964, as amended, as well as all other employment related laws. This company considers all qualified applicants without regard to Race, Color, Religion, National Origin, Sex, Age or Handicap.

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## Education

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**School Name** \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

No. of Years Attended \_\_\_\_\_ Degree/Grade \_\_\_\_\_

**School Name** \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

No. of Years Attended \_\_\_\_\_ Degree/Grade \_\_\_\_\_

**School Name** \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

No. of Years Attended \_\_\_\_\_ Degree/Grade \_\_\_\_\_

**School Name** \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

No. of Years Attended \_\_\_\_\_ Degree/Grade \_\_\_\_\_

**School Name** \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

No. of Years Attended \_\_\_\_\_ Degree/Grade \_\_\_\_\_

List Special Skills:

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## Employment Experience

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**Employer Name and Address** \_\_\_\_\_

Supervisors Name \_\_\_\_\_ Position Held \_\_\_\_\_

Employment Date \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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**Employer Name and Address** \_\_\_\_\_

Supervisors Name \_\_\_\_\_ Position Held \_\_\_\_\_

Employment Date \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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**Employer Name and Address** \_\_\_\_\_

Supervisors Name \_\_\_\_\_ Position Held \_\_\_\_\_

Employment Date \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay \_\_\_\_\_

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Supervisors Name \_\_\_\_\_ Position Held \_\_\_\_\_

Employment Date \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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**Employer Name and Address** \_\_\_\_\_

Supervisors Name \_\_\_\_\_ Position Held \_\_\_\_\_

Employment Date \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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**In the event of employment by this Company  
or one of its subsidiaries**

- I agree to abide by all the rules of the Company and will obey the orders and instructions of my supervisor, I will use and wear all safety appliances furnished by the Company and will work in a safe manner observing all company safety rules, not exposing myself or other workers to unnecessary dangers.
- I understand that the use or possession of drugs including tobacco, alcohol or any controlled substances, other than that prescribed by a physician, is strictly prohibited on Company premises.
- I understand that employment will be on an at will basis and I may be terminated at any time by either party with or without notice.
- I authorized the Company to seek information about me from whatever source and I agree to hold the Company harmless from any and all claims arising from such requests for information.
- I also agree that all former employers or any other persons may furnish this Company and subsidiaries with all information regarding their record of my service, character, and reason for leaving. I hereby release such former employers and person from all liability for providing such information.
- I understand that any false, incomplete or misleading information on this application may result in my dismissal whenever discovered.
- I understand that any false, incomplete or misleading information on this application may result in my dismissal whenever discovered.
- I understand that any unanswered questions on this application may cause this application to be rejected.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

THIS APPLICATION WILL BE RETAINED IN OUR ACTIVE FILES FOR ONE (1) YEAR ONLY.



**AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION**

**Boys & Girls Club of Muncie** ("the Company") may obtain information about you for employment purposes from a third party consumer reporting agency. Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit VeriScreen, Inc. aka VeriRent to obtain a consumer report and/or an investigative consumer report which may include the following:

1. My employment records;
2. Records concerning any driving, criminal history, credit history, civil record, workers' compensation (post-offer only) and drug testing;
3. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living, which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information. I am entitled to know if employment or promotion is denied because of information obtained by my prospective employer from a Consumer Reporting Agency.

I agree that a copy of this authorization has the same effect as an original and if my application is accepted I understand that VeriScreen will be allowed to perform a background check on a yearly/quarterly or during the process of determining a promotion, re-certification, continued qualification or as the result of reasonable suspicion.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I authorize VeriScreen, Inc. aka VeriRent to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment. NOTE: Except for those states where an annual release is required, i.e. California (CALIFORNIA- Continuing consent concept is inapplicable and a separate authorization must be requested each time a report is ordered. - CA Civ. Code 1786.22)

Full Name: \_\_\_\_\_

(Please print clearly)

Signature

Date

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

International Address: If Applicable \_\_\_\_\_

DOB: \_\_\_\_\_ SS# \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

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

Date of birth is being requested only for the purpose of identification in obtaining accurate retrieval of records, and will not be used for discriminatory purposes