



Boys & Girls Club of Muncie

1710 S. Madison Street
Muncie, IN 47302
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.

Personal

Date: _____ Soc. # _____

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ e-mail address: _____

Employment Desired

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

References

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.

Education

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:

Employment Experience

Employer Name and Address _____

Supervisors Name _____ Position Held _____

Employment Date _____ to _____ Rate of Pay _____

Reason for Leaving _____

Employer Name and Address _____

Supervisors Name _____ Position Held _____

Employment Date _____ to _____ Rate of Pay _____

Reason for Leaving _____

Employer Name and Address _____

Supervisors Name _____ Position Held _____

Employment Date _____ to _____ Rate of Pay _____

Reason for Leaving _____

Employer Name and Address _____

Supervisors Name _____ Position Held _____

Employment Date _____ to _____ Rate of Pay _____

Reason for Leaving _____

Employer Name and Address _____

Supervisors Name _____ Position Held _____

Employment Date _____ to _____ Rate of Pay _____

Reason for Leaving _____

**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.



**BOYS & GIRLS CLUB
OF MUNCIE**

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Boys & Girls Club of Muncie ("the Company") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report and a copy of any report about you. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by First Advantage Background Services Corp. ("First Advantage"), P.O. Box 105292, Atlanta, GA 30348, 1-800-845-6004. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by First Advantage P.O. Box 105292 Atlanta, GA 30348, 1-800-845-6004, another outside organization acting on behalf of the Company, and/or the Company itself. Their Privacy Policy can be reviewed at <http://www.fadv.com/privacy-policy/>. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Last Name: _____ First: _____ Middle: _____

Other Names/Alias: _____

Social Security #: _____ Date of Birth: _____

Driver's License #: _____ State of Issue: _____

Current Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Former Employer: _____

Position: _____ Dates of Employment: _____

SIGNATURE AND CONSENT

Signature: _____ Date: _____