



P.O. Box 97,  
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**BOYS & GIRLS CLUBS OF MONTEREY COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER**

State and federal laws prohibit discrimination in employment because of race, color, national origin, ancestry, sex, religion, age, mental or physical disability, veteran status, medical condition, marital status, sexual orientation, pregnancy, or any other characteristic protected by federal, state or local law.

**NOTE:** Please answer all questions completely and accurately. False or misleading statements during the interview and/or on this form are grounds for terminating the application process, or if discovered after employment, terminating the employment relationship.

**PERSONAL INFORMATION**

*Please print clearly.*                      *Position Applying For:* \_\_\_\_\_

1. Name: First \_\_\_\_\_ Last \_\_\_\_\_

2. Address:                      Street,                      City,                      State                      Zip

3. Telephone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_                      4. Email Address \_\_\_\_\_

5. Are you at least 18 years old? Yes  No  If employed & under the age of 18, can you furnish a work permit? Yes  No

6. Do you have a legal right to work in the United States? Yes  No   
*If employed, you will be required to provide proof.*

*Locations: Seaside Salinas*

7. Position for which you are applying: (1st Choice) \_\_\_\_\_ (2nd Choice) \_\_\_\_\_

8. Salary/wage desired: \_\_\_\_\_ per hour/annually

4. Are you available to work: Full-Time  Part-Time  Temporary  On-Call

Monday     Tuesday     Wednesday     Thursday     Friday

Evenings    Weekends     Overtime     Split Shift     Other: \_\_\_\_\_

5. When would you be available to start working? \_\_\_\_\_



6. Are you now or have you ever been a member of a Boys & Girls Club? Yes  No  If yes, where? \_\_\_\_\_

7. Do you have any relatives currently employed by Boys & Girls Clubs of Monterey County?

Yes  No  If yes, who? \_\_\_\_\_ What relation to you? \_\_\_\_\_

8. Have you ever used another name that we would need to verify your employment experience and education? Yes  No

If yes, indicate such name and the date the name changed:

9. If the position you are applying for requires the use of a vehicle, do you have a valid driver's license? Yes  No  License #: \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## SPECIAL SKILLS AND TRAINING

1. Describe specialized training, apprenticeships, skills or research:

\_\_\_\_\_

2. List current certifications and/or professional licenses, if any, and where registered:

\_\_\_\_\_

3. Office/business equipment and software qualified or trained to use:

\_\_\_\_\_

4. Check special skills or training:

\_\_\_\_\_

5. Please indicate any language skills, other than English, below:

LANGUAGE: Spanish  Other: \_\_\_\_\_



Reading  Speaking  Understand  Writing  Good  Fair  Fluent

***Please Check Software and List Programs (i.e., Word, Excel, etc.):***

<u>Check special skills or training:</u>		<u>Please Check Software and List Programs:</u>	
Office Management	<input type="checkbox"/>	Word	basic <input type="checkbox"/> adv. <input type="checkbox"/>
Information Systems Mgmt	<input type="checkbox"/>	Excel	basic <input type="checkbox"/> adv. <input type="checkbox"/>
Accounting/Finance	<input type="checkbox"/>	Spreadsheets	basic <input type="checkbox"/> adv. <input type="checkbox"/>
Operations	<input type="checkbox"/>	Database	basic <input type="checkbox"/> adv. <input type="checkbox"/>
Marketing	<input type="checkbox"/>	Accounting	basic <input type="checkbox"/> adv. <input type="checkbox"/>
Education/Teaching	<input type="checkbox"/>	Other	basic <input type="checkbox"/> adv. <input type="checkbox"/>
Children's Programs	<input type="checkbox"/>		
Public/Customer Relations	<input type="checkbox"/>		
Fundraising/Development	<input type="checkbox"/>		
Supervisory Experience	<input type="checkbox"/>		

## EMPLOYMENT EXPERIENCE

***Directions:*** Begin with your present or last job. Account for all periods of time, including military experience, and periods of unemployment and the nature of your activities. Since we will make every effort to contact previous employers, the correct telephone numbers are appreciated.

Are you currently employed? Yes  No

If yes, may we contact your current employer? Yes  No

You may contact my current employer, but only when: \_\_\_\_\_



**THE FOLLOWING MUST BE COMPLETED IN DETAIL- RESUMES ARE NOT ACCEPTED IN LIEU OF THIS INFORMATION.**

Position:			
Employer:	Dates:	Full time <input type="checkbox"/>	Reason For Leaving:
Address:	To:      From:	Part time <input type="checkbox"/>	
Telephone Number:	Supervisor's Title:		
Duties:			

Position:			
Employer:	Dates:	Full time <input type="checkbox"/>	Reason For Leaving:
Address:	To:      From:	Part time <input type="checkbox"/>	
Telephone Number:	Supervisor's Title:		
Duties:			

Position:			
Employer:	Dates:	Full time <input type="checkbox"/>	Reason For Leaving:
Address:	To:      From:	Part time <input type="checkbox"/>	
Telephone Number:	Supervisor's Title:		
Duties:			



Position:			
Employer:	Dates:	Full time <input type="checkbox"/>	Reason For Leaving:
Address:	To:      From:	Part time <input type="checkbox"/>	
Telephone Number:	Supervisor's Title:		
Duties:			

Position:			
Employer:	Dates:	Full time <input type="checkbox"/>	Reason For Leaving:
Address:	To:      From:	Part time <input type="checkbox"/>	
Telephone Number:	Supervisor's Title:		
Duties:			

## EDUCATION AND TRAINING

TYPE OF SCHOOL	School Name, City, State	Major	Choose Last Year Completed
High School		Degree: Yes <input type="checkbox"/> No <input type="checkbox"/>	9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>
Community College		Degree: Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
College/University		Degree: Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Graduate School		Degree: Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Business/Trade/Night School		Degree: Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Have You Completed 48 Units Or More Of College Units? Yes <input type="checkbox"/> No <input type="checkbox"/>			

# REFERENCES

Employer	Dates Employed	Supervisor Name	Title	Telephone
1.				
2.				
3.				
4.				

**CERTIFICATION DIRECTIONS: PLEASE READ THE FOLLOWING CAREFULLY AND INITIAL BEFORE SIGNING THIS APPLICATION FORM.**

\_\_\_\_\_ I hereby certify that I have personally completed this application and that the answers given by me to the foregoing questions and statements are true and complete and that no material fact has been omitted. I understand that any false statements appearing on this or any other employment form will be sufficient reason to end further consideration of this application and not hire me; if discovered after my employment, such false statement will be sufficient reason for dismissal from the services of Boys & Girls Clubs of Monterey County regardless of the time that has elapsed before discovery.

\_\_\_\_\_ I authorize Boys & Girls Clubs of Monterey County or its designated agents to contact my references and to investigate my past employment, credit history, education credentials, Department of Motor Vehicles driving record, and other employment-related activities, without giving me prior notice of such disclosure. I agree to cooperate in such investigations and release those parties supplying such information to Boys & Girls Clubs of Monterey County from all liability or responsibility with respect to information supplied to Boys & Girls Clubs of Monterey County.

I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that it may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy format shall be valid for one year from the date indicated next to my signature below. According to the Fair Credit Reporting Act, I will be notified if employment is denied because of information



obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided. I understand that filing this application in no way assures me a position with Boys & Girls Clubs of Monterey County, and that this application is not, and is not intended to be, a contract of employment.

I understand that if employed, my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, and at the option of either Boys & Girls Clubs of Monterey County or myself. I further understand that no one other than the President of Boys & Girls Clubs of Monterey County has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

If employed by Boys & Girls Clubs of Monterey County, I agree to abide by the rules, policies and procedures of Boys & Girls Clubs of Monterey County and subsequent rules, policies and procedures that may become effective after employment. I understand that my initial and continued employment may be contingent upon the successful completion of a medical examination, and such examination may include drug and alcohol screening. I understand that Boys & Girls Clubs of Monterey County believes strongly in a drug-free work environment and agree to abide by the drug and alcohol policies of Boys & Girls Clubs of Monterey County during the time of my employment.

**Have you been convicted of a crime (felony/misdemeanor), or entered a plea of guilty/no contest to a crime? Do not disclose convictions related to the possession or use of marijuana more than two years ago. Yes  No  If yes, state when, where, and the nature of such conviction:**

*(In accordance with company policy, this information will be reviewed for job-relatedness and time since last conviction.)*

CRIMINAL HISTORY			
Violation(s)/Offense	State	Dates	Convicted

***Optional: Please complete the questionnaire below:***



## Referral Source

- Current employee
- BGCMC Website
- Indeed
- Craigslist
- CSUMB Posting
- Job Fair
- Walk-In
- Other

## Gender

- Male
- Female

## Race/National Origin

**Check the box below that corresponds to the category that best identifies your race/ethnicity. IMPORTANT: If you check the "Two or more races" box, please also check ALL boxes that identify your race/ethnicity. For example: If you identify yourself as Asian and Black, you would check 3 boxes – one for Black, one for Asian and one for Two or more races.**

- Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.





- American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or more races (NOT Hispanic or Latino) - All persons who identify with more than one of the above five races.
- Do not wish to identify - All persons not wishing to self-identify race/ethnicity

Veteran Status\*

- Vietnam Era Veteran
- Special Disabled Veteran
- Other Eligible Veteran
- Newly Separated Veteran
- Not Applicable

- Individual with Disabilities - A person has a disability if he or she has a physical or mental impairment

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**Applicant Signature:**

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**Date:**