



Girls Club of Alachua County

A Place To Grow.

Application for Employment

PLEASE PRINT

Position (s) Applied For _____ Date of Application ____/____/____

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____
Name of Source (If Applicable) _____

Name _____
Last First Middle

Address _____
Street City State Zip Code Email (regularly checked)

Telephone Number (____) _____ Social Security Number - ____ - ____

If necessary, best time to call you at home is..... _____

May we contact you at work? Yes No
am

If yes, work number and best time to call (____) _____ : ____ pm

If you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No
If yes, give date ____/____/____

Have you ever been employed here before? Yes No
If yes, give dates From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country? Yes No
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date and Times available for work ____/____/____
Type of employment desired Full-Time Part Time Temporary Seasonal Educational Co-Op

Are you on lay-off and subject to recall?..... Yes No

Will you relocate if job requires it? Yes No Will you travel if job requires it? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

Have you ever been bonded? Yes No

Have you been convicted of a felony in the last seven (7) years? Yes No
(Such conviction may be relevant if job related, but does not bar you from employment.)

If yes, please explain:

Driver's license number (if job related) _____ State _____

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Telephone ()	Dates Employed From / To	Summarize the nature of the work performed and job responsibilities:
Address		/	
		/	
Job Title		Hourly Rate/Salary Starting	
Immediate Supervisor and Title		\$ / Per	
		/	
Reason for Leaving		Hourly Rate/Salary Final	
		\$ / Per	
		/	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

Employer	Telephone ()	Dates Employed From / To	Summarize the nature of the work performed and job responsibilities:
Address		/	
		/	
Job Title		Hourly Rate/Salary Starting	
Immediate Supervisor and Title		\$ / Per	
		/	
Reason for Leaving		Hourly Rate/Salary Final	
		\$ / Per	
		/	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

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		\$ / Per	
		/	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

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Reason for Leaving		Hourly Rate/Salary Final	
		\$ / Per	
		/	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

Comments (including explanation of any gaps in employment) _____

Educational Background (if job related)

A. List last three (3) schools attended, starting with last one. B. List number of years completed. C. Indicated degree or diploma earned, if any. D. Grade Point Average or Class Rank and E. Major and minor field of study (if applicable).

A. School	B. No Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	E. Minor

List any foreign language(s) you know and check the boxes that describe your skill level.

Language	Speak some	Speak Fluently	Read	Write

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisor. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known
	()	
	()	
	()	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

Skills and Qualifications: Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company.

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.) _____

List any additional information you would like us to consider. _____

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

Signature of Applicant _____ Date _____ / _____ / _____

Voluntary Affirmative Action Information

(Completion of information below is voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

Date _____ / _____ / _____

Position (s) applied for _____

Referral Source

- Advertisement Employee Relative Walk-in School Government Employment Agency
 Private Employment Agency Other

Name of Source (if Applicable) _____

Applicants Name _____ (_____) _____
Last First Middle Area Code Phone

Address _____
Street City State Zip Code

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is *not* a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Check one: Male Female

Check one of the following Race/Ethnic Group

- Hispanic Black White American Indian/ Alaskan Native Asian/Pacific Islander

SPECIAL NOTICE TO VIETNAM ERA VETERANS, DISABLED VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS OR DISABILITIES.

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration for employment.

IF YOU SO WISH TO BE IDENTIFIED, PLEASE CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

- VIETNAM ERA VETERAN DISABLED VETERAN INDIVIDUAL WITH A DISABILITY

**To be completed by applicant—Not for interview purposes—To be filed separately from application.
This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or necessitated by another federal law or regulation.**

For Personnel Department Use Only

Position (s) applied for Available Not Available

Other positions considered for _____

Hired Yes No Date of Hire ____/____/____

Position hired for _____

EEO classification _____

- | | | |
|---------------------------|----------------------------|------------------------------|
| 1. Officials and Managers | 4. Sales | 7. Operatives (semi-skilled) |
| 2. Professionals | 5. Office and Clerical | 8. Laborers |
| 3. Technicians | 6. Craft Workers (skilled) | 9. Service Workers |

Notes

Completed By _____ Date ____/____/____