

BOYSVILLE, INC. - Application for Employment

8555 E. Loop 1604 N., P. O. Box 369 Converse, TX 78109

Phone: 210.659.1901 Fax: 210.659.6527

www.boysvilletexas.org

POSITION APPLIED FOR

Position Title	Program/Department	Today's Date
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PERSONAL INFORMATION

Name (Last, First, Middle Initial)			
Address (Street, City, State, Zip Code)			
Home Phone #	Cell Phone #	Work Phone #	E-mail Address
Are you at least 21 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	List Driver's License # and State:
How did you find out about this job opening? <input type="checkbox"/> Web Page (identify) _____ <input type="checkbox"/> Newspaper/Journal Ad (identify) <input type="checkbox"/> Referral <input type="checkbox"/> Job Service <input type="checkbox"/> Other (Please Explain)			
Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If employed, you must show documents that prove your identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.</i>			
Are you in any way related to any current or former resident or any present employee of Boysville? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate the individual's name, relationship and department.			
Have you applied with Boysville, Inc. in the past? If yes, explain		Have you been employed with Boysville, Inc. in the past? If yes, give dates and position:	
Are you a former resident of Boysville? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Available for Employment?	Minimum salary requirement? (Please do not write negotiable)

EDUCATION – List most recent first (Use supplemental sheet if necessary)

Name of College or University	City and State	Date Attended From	Date Attended To	Type of Degree	Major / Hours	Year Earned
High School Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED Please provide date earned:			Name of High School: City and State:			

PROFESSIONAL & COMMUNITY INVOLVEMENT – List most relevant (Use supplemental sheet if necessary)

Name of Organization	Position/ Type of Activity or Current License	Duration of Involvement From	Duration of Involvement To	Activities, Honors, Offices-held that are job-related

EMPLOYMENT HISTORY – List all employment including military and volunteer service **starting with the most current position held**. Show employment history for at least 10 years or from the time you left school. Explain gaps in employment history. You may attach a resume, **but you must complete the employment section**. This information will be used in **reference** checks. Failure to answer all items in the following section may eliminate you from further consideration.

Dates Employed (month/year)		Position Title	
From:	To:		
Salary		Organization Name/Address	
Start: \$	/Month	Final: \$	/Month
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time, hrs/wk _____		
May we contact for references		Supervisor's Name/Title/Phone:	Reason For Leaving:
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Duties:			
Dates Employed (month/year)		Position Title	
From:	To:		
Salary		Organization Name/Address	
Start: \$	/Month	Final: \$	/Month
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time, hrs/wk _____		
May we contact for references		Supervisor's Name/Title/Phone:	Reason For Leaving:
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Duties:			
Dates Employed (month/year)		Position Title	
From:	To:		
Salary		Organization Name/Address	
Start: \$	/Month	Final: \$	/Month
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time, hrs/wk _____		
May we contact for references		Supervisor's Name/Title/Phone:	Reason For Leaving:
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Duties:			
Dates Employed (month/year)		Position Title	
From:	To:		
Salary		Organization Name/Address	
Start: \$	/Month	Final: \$	/Month
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time, hrs/wk _____		
May we contact for references		Supervisor's Name/Title/Phone:	Reason For Leaving:
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Duties:			
Dates Employed (month/year)		Position Title	
From:	To:		
Salary		Organization Name/Address	
Start: \$	/Month	Final: \$	/Month
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time, hrs/wk _____		
May we contact for references		Supervisor's Name/Title/Phone:	Reason For Leaving:
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Duties:			

REFERENCES – At minimum, list current supervisor and two professional references. In addition to work references indicated in the employment history section, the following references may be contacted.

Name	Indicate Person's Relationship to you	Occupation & Company	Address (Street, City, State, Zip)	Telephone and E-Mail Address

BACKGROUND AND ADDITIONAL INFORMATION

Have you ever had a license revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Have you ever been convicted of a crime, and/or are there any charges pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Can you travel if the job requires? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you on a layoff or subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No

CONDITIONS FOR EMPLOYMENT:
PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AS THEY CONSTITUTE CONDITIONS OF EMPLOYMENT.

<ol style="list-style-type: none"> 1. The information that I have provided on this application is accurate and true to the best of my knowledge. 2. I understand that any misrepresentation or omission of a fact on my application, resume or during the interview or hiring process may result in the refusal of employment, or if employed, immediate termination. 3. I authorize the company to conduct all necessary criminal background checks, DMV and other related and required investigations. I also understand drug testing may be required as a condition of employment, post-accident and/or through random tests. I am willing that a photocopy of this authorization be accepted with the same authority as the original. I hereby waive and release all persons, schools, current and prior employers and other organizations from any liability arising from reliance on the aforementioned information or the use, publication, or retention of such information within the context of its applicant review procedures. 4. In the event that I am employed, I agree to conform to all company rules and regulations. I understand and agree that if I am employed, I shall be employed on an at-will basis. As an at-will employee, I understand and agree that the company or I can terminate our employment relationship at any time for any reason, with or without advance notice and with or without cause. I understand and agree that, although over the course of my employment, other terms and conditions of my employment may change, the at-will term of my employment will not change. I understand that no one other than the Chief Executive Officer (CEO) of the company may enter into any agreement with me contrary to the foregoing and that any such contrary agreement must be in writing and signed by the CEO. 5. Although the company makes every effort to accommodate individual preferences, business needs may make the following conditions necessary: Overtime, shift work, rotating work schedule, or a work schedule that includes Saturday and/or Sunday. I understand and accept these as conditions of my employment. 		
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Signature:</td> <td style="width: 50%;">Date:</td> </tr> </table>	Signature:	Date:
Signature:	Date:	

Boysville, Inc. is an equal opportunity employer. The company does not discriminate on the basis of race, color, religion, sex, national origin, age, veteran status or disability, and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by federal, state or local law.



TEXAS

Department of Family and Protective Services

Request for Criminal History and Central Registry Check

First Name: _____

Middle Name: _____

Last Name: _____

SSN#: _____

Driver's Lic. State & #: _____

Phone Number(s) _____

Email: _____

Date of Birth _____

Gender: _____

Address: _____

City: _____

State & Zip Code: _____

County: _____

Other Cities in Texas and other states that you have lived in, please specify: _____

Ethnicity: **Hispanic** **Other**

Race: **Am. Indian/Alaska Native** **White**

Asian/Pacific Islander **Black**

Alternate Names: (Maiden, all aliases) _____

*The above information is used solely to complete a background check required by the Texas Department of Family and Protective Services. Information provided does not affect application status. Boysville is an equal opportunity employer and does not discriminate employment transactions because of race, color, national origin, religion, gender, age or disability.

PLEASE TYPE OR PRINT (Please note – your signature is required)

I: _____
LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III, Etc.)

understand that in conjunction with my application for employment, BOYSVILLE, INC. will use the services of outside agencies to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. These agencies will provide a report to **BOYSVILLE, INC.** **BOYSVILLE, INC.** uses *Background Online and Intellicorp, consumer-reporting agencies*, as agents to perform background verifications and various state regulatory agencies due to the licensing requirements for the social services programs provided by **BOYSVILLE, INC.**

Consumer Reporting Agencies and State Regulatory agencies will utilize various sources of information they deem appropriate including but not limited to the: credit reporting agencies, Workers Compensation records, Department of Motor Vehicle records, criminal conviction records, current and former employers, military records, education records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **BOYSVILLE, INC.** and to the various reporting agencies that *Boysville, Inc. utilizes for employment purposes.*

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 form shall be valid for one year from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by **BOYSVILLE, INC.** 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 to **BOYSVILLE, INC.** I further understand that when requesting a copy of the report, proper identification will be required and I should direct my request to: *Backgrounds Online*, 1821 Q Street, Sacramento, CA 95814, phone: 800.838.4804 or other specified agency as directed by **BOYSVILLE, INC.**

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. I HEREBY RELEASE BOYSVILLE, INC. AN ITS AGENTS, BACKGROUNDS ONLINE AND ALL PERSONS, AGENCIES, AND ENTITIES PROVIDING INFORMATION OR REPORTS ABOUT ME FROM ANY AND ALL LIABILITY ARISING OUT OF THE REQUEST FOR OR RELEASE OF ANY OF THE ABOVE MENTIONED INFORMATION OR REPORTS.

Printed Name _____ Position Applied For _____

Signature _____ Today's Date _____

Social Security # _____ Date of Birth _____ Driver's License Number _____ State _____

Other names you have used or are also known as: _____

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS:

Current Address: _____
Street, Apt # City State Zip Code How long here?

Former Address: _____
Street, Apt # City State Zip Code How long here?

Former Address: _____
Street, Apt # City State Zip Code How long here?

My we contact your current employer? Yes No

Would you like a copy of this report? Yes No