

Center Viking Youth Club Application

Date _____

Name _____
(Last Name) (First Name) (Middle Initial)

Other names used _____

Current Address: _____

Permanent Address: _____

Home Phone: _____ Cell _____ Work _____

Are you authorized to work in the United States? If you are a resident alien please give your alien number or present your resident alien card

Yes No Alien # _____

Are you at least 18 years of age? Yes No
If not, do you have a work permit? Yes No

How were you referred to the Center Viking Youth Club (CVYC)? _____

Relatives employed by CVYC (If any, dates a position)?: _____

Have you ever been convicted of a criminal offense? Yes No

(if yes, explain) _____

POSTION DESIRED

Title of category: _____ Date available _____

EDUCATION

SCHOOL	NAME AND ADRESS	MAJOR	GRADUATE	DEGREE
High school			YES	
			NO	
College			YES	
			NO	
Graduate School			YES	
			NO	

CLERICAL APPLICANTS

Can you type? Yes No WPM: _____ Dictation? : Yes No WPM: _____

Office Machines you can operate _____

Software you can use:

PREVIOUS EMPLOYMENT

Company Name: _____ Your Title: _____

Company Address: _____

From: _____ To: _____ Starting Salary: _____ Last Salary _____

Supervisor: _____ Supervisor Title: _____ Phone _____

Brief Description of Duties and Responsibilities: _____

Reason for Leaving: _____ May we contact employer? Yes No

Company Name: _____ Your Title: _____

Company Address: _____

From: _____ To: _____ Starting Salary: _____ Last Salary _____

Supervisor: _____ Supervisor Title: _____ Phone _____

Brief Description of Duties and Responsibilities: _____

Reason for Leaving: _____ May we contact employer? Yes No

Company Name: _____ Your Title: _____

Company Address: _____

From: _____ To: _____ Starting Salary: _____ Last Salary _____

Supervisor: _____ Supervisor Title: _____ Phone _____

Brief Description of Duties and Responsibilities: _____

Reason for Leaving: _____ May we contact employer? Yes No

Can you perform this job (as detailed verbally or in the job description) with or without reasonable accommodations?

I authorize Center Viking Youth Club (CVYC) to investigate all statements in this application and to secure any necessary information from all my previous employers, references and academic institutions. I hereby release all of those employers, references, academic institutions and CVYC from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with CVYC. I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my academic credentials and employment references. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if CVYC has not employed me or immediate dismissal if CVYC has employed me. I also authorize CVYC to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having a legal and proper interest, and I hereby release CVYC from any and all liability for its providing this information. I understand that nothing in this employment application, in CVYC's policy statements or personnel guidelines, or in my communications with any CVYC official, is intended to create an employment contract between CVYC and me. I also understand that CVYC has the right to modify its policies without giving me any notice of the changes. No promises regarding employment have been made to me. I understand that if an employment relationship is established, I have the right to terminate my employment at any time for any reason. I also understand that CVYC retains the right to terminate my employment at any time for any reason. I hereby acknowledge that I have read and understand the preceding statements.

SIGNATURE: _____ DATE: _____

EQUAL OPPORTUNITY EMPLOYER: Qualified applicants receive consideration for employment without discrimination because of age, sex, religion, marital status, race, color, creed, national origin or disability

ADDITIONAL INFORMATION

Please circle the appropriate/applicable response. Please use an additional page to explain any YES responses.

Do you currently use illegal drugs? YES NO

Have you ever been convicted of a criminal offense? YES NO

Have you ever been accused of child abuse or neglect? YES NO

Are there any pending charges against you for child abuse or neglect? YES NO

Has your driver’s license ever been revoked? YES NO

Are there any other facts or circumstances involving you or your background that would call into question you’re being entrusted with the supervision, guidance and care of children and youth? YES NO

Have you ever been convicted of or accused of child endangerment, kidnapping, abduction or false imprisonment? YES NO

Have you ever been convicted or accused of molesting a child? YES NO

Have you ever been convicted or accused of rape or other sexual assault? YES NO

Have you ever been convicted or accused of incest? YES NO

Have you ever been convicted or accused of being an unfit parent? YES NO

Have you ever been convicted or accused of sexual harassment? YES NO

Have you ever been convicted or accused of indecent exposure? YES NO

Have you ever been convicted or accused of drug/alcohol-related offenses? YES NO

Have you ever been convicted or accused of any felony? YES NO

Have you ever been convicted or accused of sexual conduct with a minor? YES NO

Have you ever been convicted or accused of assault, battery or

other offenses involving a minor? YES NO

Have you ever been placed on restrictive contact/visitation with children? YES NO

Have you ever removed a child from a state or concealed a
child in violation of a law or court order? YES NO

BACKGROUND CHECK AUTHORIZATION

LAST NAME _____ FIRST NAME _____

MIDDLE NAME _____ OTHER NAME(S) _____

DOB

____/____/____ SSN ____-____-____

SEX * MALE * FEMALE

HOME PHONE _____ CELL _____

DRIVERS LICENSE NUMBER _____ DRIVERS LICENSE STATE _____

CURRENT ADDRESS _____

(street address, city, state, ZIP and county)

PERMANENT ADDRESS _____

(street address, city, state, ZIP and county)

By signing this form, you are authorizing Center Viking Youth Club to run background checks on, but not limited to: Social Security Screen, National Criminal File, County Criminal Search, Division of Motor Vehicle Record, and Sexual Offender Search.

SIGNATURE _____

PRINT NAME _____

DATE _____