

- Vero Beach
- Sebastian
- Fellsmere



**Boys & Girls Clubs
of Indian River County**
1729 17th Avenue
Tel 772-299-7449
Fax 772-299-3840

**BOYS & GIRLS CLUBS
OF INDIAN RIVER COUNTY**

Application for Employment

PERSONAL INFORMATION – Please print

Date: _____

Name: _____
(First, Full Middle, Last)

Social Security # _____

Phone Numbers: _____ (Home) _____ (Cell)

Driver's License #: _____ State _____

Address: _____ City, State, Zip _____

Previous Address: _____ City, State, Zip _____

Do you have transportation to the Club? _____ How? _____

Have you ever been convicted/pled no contest to a felony or had a felony adjudication withheld?

If yes, please explain _____

EMPLOYMENT INTEREST

Position for which you are applying _____

Desired salary \$ _____ per _____ Total hours available per week _____

Have you ever applied to or been employed by the Boys & Girls Clubs before? _____

If so, when and where? _____

Are you currently employed? _____ If YES, may we contact your employer? _____

How did you hear about the Boys & Girls Clubs for employment? _____

EDUCATION

	Name of School	Courses/Major	Last Grade Completed/Did you Graduate?
High School			
College Business or Vocational			

EMPLOYMENT HISTORY

Dates: Most recent first	Employer Name/State/Phone	Position & Supervisor	Salary	Reason for leaving
From: To:				
From: To:				
From: To:				

PERSONAL REFERENCES

Name	Phone	Relationship/Years known

Do you have any mental or physical medical problems that would prevent you from performing this job as it is described? _____ If so, please explain _____

I CERTIFY THAT ALL STATEMENTS ON THIS APPLICATION ARE TRUE AND HEREBY AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT FALSE STATEMENTS ARE GROUNDS FOR DISMISSAL. I FURTHER UNDERSTAND THAT IF EMPLOYED, REGULAR EMPLOYMENT WILL BE CONDITIONAL UPON THE SATISFACTORY COMPLETION OF A 90-DAY INITIAL PERIOD.

Signature of Applicant _____ Date _____



BOYS & GIRLS CLUBS OF INDIAN RIVER COUNTY

The Boys & Girls Clubs of Indian River County (BGCIRC) is committed to selecting and retaining the best staff and volunteers to serve its youth. As part of the initial selection process and on an on-going basis, BGCIRC will conduct background checks in accordance with the following policy:

Boys & Girls Clubs of Indian River County will conduct criminal background checks of all employees and volunteers, including minors, who have direct, repetitive contact with children. Name-based or fingerprint based record searches may be used in any combination but shall, at

a minimum, (a) verify the person's identity and legal aliases, (b) provide a national Sex Offender Registry search, and (c) provide a national criminal record search. Such checks shall be conducted prior to employment and at regular intervals not to exceed twelve (12) months. All background check findings shall be considered when making employment or volunteer decisions. It is the policy of Boys & Girls Clubs of Indian River County that an employee or volunteer will be automatically **ineligible** for employment or volunteer service, if such individual:

1. refuses to consent to a criminal background check,
2. makes a false statement in connection with such criminal background check,
3. is registered, or is required to be registered on a State or National sex offender registry,
4. has been convicted of a felony consisting of:
 - a. murder,
 - b. child abuse,
 - c. a crime against children, including child pornography,
 - d. spousal abuse,
 - e. a crime involving rape or sexual assault,
 - f. arson, or
 - g. physical assault, battery,
5. has been convicted of a drug related offense committed within the last five years.
6. fails the pre-employment drug test

Confidentiality: All information, interviews, reports, statements, memoranda, and drug and alcohol test results, written or otherwise received by the Employer through this Policy are confidential communications and will be maintained in a separate file. The Employer, any laboratory, Employee Assistance Program, drug or alcohol treatment program or their agents who receive or have access to this information concerning drug test results shall keep it confidential. Release of such information under any circumstances shall be solely pursuant to a signed written informed consent form, unless such release is compelled by a hearing officer or court of competent jurisdiction or if deemed appropriate by a professional or occupational licensing board in a related disciplinary proceeding. Additionally, the Employer, its agent, the laboratory or treatment program shall not be prohibited from releasing this information when consulting legal counsel in actions brought under or related to Section 440.102 Florida Statutes, or when such information is relevant to its defense in a civil or administrative matter.



BOYS & GIRLS CLUBS
OF INDIAN RIVER COUNTY

PRE-EMPLOYMENT INQUIRY RELEASE

In connection with my application for employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences. A controlled substance test will also be administered.

I authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information.

I hereby consent to your obtaining the above information. I understand to aid in the proper identification of my file or records the following information, as well as other information, may be necessary.

Print Full Name _____
(Include full middle name)

Social Security # _____ Date of Birth _____ Sex _____

Driver's License # _____ State Issued _____

Current Address _____

City _____ State _____ Zip Code _____

Applicant's Signature _____ Date _____

GREAT FUTURES START HERE.

Drug-Free Workplace Policy Summary

Read carefully, ask any questions and initial each item separately.

_____ I have also received a copy of the list of over-the-counter and prescription drugs that could alter or affect the outcome of a drug test.

_____ I know that if I am taking a medicine that could affect my ability to perform my job (i.e., there are warning labels on the container) I must inform my supervisor immediately.

_____ I know that if I refuse to submit to a pre-employment drug test I will not be hired and my employment is conditioned upon a negative drug test result.

_____ I know that if I refuse a reasonable suspicion, post-injury, post-accident, random, fitness-for-duty or post-treatment drug or alcohol test I may lost my job, my unemployment benefits, and my workers' compensation medical and indemnity benefits.

_____ I know that if I am injured or cause or contribute to the cause of an injury or an accident and test positive for drugs or alcohol I will be subject to discipline up to and including discharge.

_____ I know that I have the right to challenge any positive test result and that I must notify the laboratory that I am challenging the test result.

_____ I agree to comply with the drug and alcohol testing requirements of the Employer's Drug-Free Workplace Policy. I give my informed consent for the release of drug and/or alcohol test results to the Employer.

_____ I have read and understood each of the preceding items that I have initialed. I have had the opportunity to question any item that I did not understand. I have voluntarily signed this form.

Employee

Date

I hereby refuse to submit to a drug test as part of the Employer's Drug-Free Workplace Program.

Employee

Date

Over-the-Counter and Prescription Drugs that Could Alter or Affect the Outcome of a Drug Test

Alcohol:

All liquid medications containing ethyl alcohol (ethanol). Read the label for alcohol content.

Amphetamines:

Obetrol, Biphedamine, Desoxyn, Dexedrine, Didrex

Cannabinoids (marijuana)

Marinol (Dronabinol, THC)

Cocaine:

Cocaine HCl topical solution (Roxanne)

Opiate:

Paregoric, Parepectolin, Donnagel PG, Tylenol with Codeine, Empirin with Codein, Aspirin with Codein, Robitussin AC, Guiatuss AC, Novahistine DG, novahistine Expectorant, Dilaudid (hydromorphone), M S Cantin and Roxana!(morphine sulfate, Percodan, Vicodin, ect.)

Barbiturates:

Penobarbital, Tuinal, Amytal, Nembutal, Seconal, Lotusate, Fiorinal, Fioricet, Esgic, Butisol, Mebaral, Butabarbital, Phrenilin, Triad, etc.

Benzodiazepines:

Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Xanax, Serax, Tranxene, Valium, Verstran, Halcion, Poxipam, Restoril, Centrax.

Methadone:

Dolophine, Methadose

Propoxyphene:

Darvocet, Darvon N, Dolen, etc.

If you are being given this list as a preparation for a drug or alcohol test, it is imperative for you to bring a picture ID with you to the collection site, a Release of Confidential Information Form, and to report to the testing technician any prescribed or over-the-counter medications you have taken during the past thirty days.