

Application for Employment

Don Bosco Center does not discriminate in hiring or terms or conditions of employment on the basis of race, color, religion, creed, gender, ancestry, national origin, age, disability, marital or veteran status, or any other legally protected status. To applicants with disabilities: If you have difficulty with any phase of the employment process because of your disability, please request accommodation and Don Bosco Center will provide reasonable accommodation for your special need.



**580 Campbell St.
Kansas City, MO 64106
816.691-2900
www.donbosco.org**

DON BOSCO EMPLOYMENT APPLICATION

As an Equal Opportunity Employer, Don Bosco Community Center considers all applicant's for employment without regard to race, color, religion, sex, national origin, age, disability, or veteran status.

(PLEASE PRINT)

GENERAL INFORMATION

Name _____ Soc. Sec. No. _____
LAST FIRST MIDDLE
 Address _____ Telephone: (Home) _____
STREET
 _____ (Work) _____
CITY STATE ZIP CODE
 Email Address _____ (may be used for official correspondence)

Position(s) for which you are applying _____

Salary requirements _____ Date available for work _____

Have you filed an application here before? Yes No When? _____

Applying with: Senior Center Youth Services

Have you ever been employed by Don Bosco? Yes No When? _____ Title _____

How were you referred to us? _____

Are you related to any Don Bosco employee? If so, who? _____

Have you ever been dismissed or forced to resign from any employment? Yes No

If yes, please explain _____

Have you ever been convicted of, plead guilty or no contest to, or received probation or deferred adjudication for a felony or misdemeanor or are you presently under indictment? Yes No

If yes, state details _____

CONVICTIONS WILL NOT NECESSARILY DISQUALIFY APPLICANT EACH CASE IS CONSIDERED INDIVIDUALLY

Are you willing to travel? Yes No

Can you perform the essential functions of the job for which you have applied, with or without reasonable accommodations? Yes No

If hired, can you supply proof of your legal right to be employed in the U.S.? Yes No

If no, please explain _____

May we contact your present employer? Yes No May we contact your previous employers? Yes No

EDUCATION

Name of School	Address	Course of Study	No. of Years/Hours Completed	Diploma/Degree
High School:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Business or Trade School:				
College:				
Other:				

DON BOSCO EMPLOYMENT APPLICATION (continued)

OFFICE SKILLS/SPECIAL QUALIFICATIONS

Computer Skills: (Check all applicable)

<input type="checkbox"/> Macintosh	<input type="checkbox"/> Software _____	<input type="checkbox"/> Powerpoint _____
<input type="checkbox"/> DOS	<input type="checkbox"/> Excel _____	<input type="checkbox"/> Email _____
<input type="checkbox"/> Windows	<input type="checkbox"/> Word _____	<input type="checkbox"/> Other Skills: _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities, as applicable.

Employer _____ Dates Employed: From _____ To _____

Address _____ Telephone (____) _____
STREET CITY STATE ZIP CODE

Job Title _____ Salary _____

Work Performed _____

Supervisor's Name _____ Reason For Leaving _____

Employer _____ Dates Employed: From _____ To _____

Address _____ Telephone (____) _____
STREET CITY STATE ZIP CODE

Job Title _____ Salary _____

Work Performed _____

Supervisor's Name _____ Reason For Leaving _____

Employer _____ Dates Employed: From _____ To _____

Address _____ Telephone (____) _____
STREET CITY STATE ZIP CODE

Job Title _____ Salary _____

Work Performed _____

Supervisor's Name _____ Reason For Leaving _____

Employer _____ Dates Employed: From _____ To _____

Address _____ Telephone (____) _____
STREET CITY STATE ZIP CODE

Job Title _____ Salary _____

Work Performed _____

Supervisor's Name _____ Reason For Leaving _____

Don Bosco Community Center

EMPLOYMENT APPLICATION (continued)

Please list three professional references. Do not include relatives.

Full Name: _____ Relationship: _____

Address: _____ Phone: () _____

Full Name: _____ Relationship: _____

Address: _____ Phone: () _____

Full Name: _____ Relationship: _____

Address: _____ Phone: () _____

ADDITIONAL INFORMATION

List any other information which might be helpful in placing you, such as offices held in professional, honorary or community organizations, applicable previous experience not listed above, etc. You may exclude organization names which indicate race, color, religion, gender, national origin, disability or other protected status. If you need additional space, please continue on a separate sheet of paper.

ANSWER THESE QUESTIONS IF YOU ARE APPLYING FOR A DRIVING POSITION.

CDL #		Exp. Date:	
Drivers License Number		State Issuing License	
Bus Driver Permit Number		Exp. Date:	
List all traffic violations in the past 5 years, which resulted in a conviction or a guilty plea.			
List all at-fault traffic accidents in past 5 years.			
Are you willing to provide a copy of your Driving Record? <input type="checkbox"/> YES <input type="checkbox"/> NO			



It is understood and agreed that any misrepresentation or omission by me in this application or any attachments thereto will be sufficient cause for cancellation of this application or separation from employer's service if I have been employed, regardless of whether the misrepresentation or omission is discovered years later.

Furthermore, I understand that this application for employment does not create any obligation on the part of Don Bosco to employ me. In the event I am hired, 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, without cause and without prior notice. I understand that no representative of the company has the authority to enter into an agreement to the contrary. This application for employment is not to be construed as an employment contract.

I give the organization the right to investigate my qualifications with previous employers and other sources such as consumer reporting agencies, and to secure additional information about me, including questions about my educational background, work experience and character. I hereby release the organization and its representatives from liability for seeking such information and all other persons, corporations or organizations for furnishing such information.

Business needs may at times make the following conditions necessary: work scheduled outside standard work hours, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my employment.

I understand that the employer may request at any given time a physical examination or a drug test at the company's expense.

This application is current for 45 days. At the conclusion of this time, if I have not heard from a representative of the organization and still wish to be considered for employment, it will be necessary for me to fill out a new application.

I do _____ do not _____ authorize you to contact my *current employer* for Employment and Reference Verifications.

Applicant Signature: _____

Date _____



EMPLOYMENT APPLICATION (continued)

APPLICANT AGREEMENT TO SUBMIT TO SUBSTANCE SCREENING

I, _____, understand that Don Bosco Community Center maintains an Environment Free of Drug and Alcohol policy which requires all associates to report to work with no drugs or alcohol present in their system or in their possession.

I further understand that, as a condition of employment, Don Bosco may require me to undergo substance screening by urinalysis, blood testing, breathalyzer or other procedure and I agree to submit to such tests. I further consent to the results of any such screening being released to Don Bosco and its management.

I release all legal claims against Don Bosco, its agents and officers, and any physician or testing facility that takes and analyzes the specimen from liability for the test, releasing the information to the involved parties and any employment action that results from the test.

If employed by Don Bosco Community Center, I understand that I will be subject to discharge for violation of this policy, for refusal to submit to screening to detect the presence of prohibited substances in my system, or for failure to execute a release/consent at the time of testing.

Printed name: _____

Signature: _____

Date: _____

**DISCLOSURE AND AUTHORIZATION FORM
TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES**

DISCLOSURE

In considering you for employment and , if you are employed, in considering you for subsequent promotion, reassignment, retention or discipline, *The Don Bosco Community Centers*, may request and rely upon one or more Consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency.

Intellicorp Records, Inc is one such reporting agency utilized and can be contacted by mail at 3000 Auburn Dr., Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: www.intellicorp.net

- A “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports or driving records; and
- An “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

**DISCLOSURE AND AUTHORIZATION FORM
TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES**

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize *The Don Bosco Community Centers* to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and if I am employed, in considering me for subsequent promotion, assignment, retention or discipline. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in the employment decision about me.

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

Printed Name

Applicant Signature

Date

**Parent or legal Guardian Signature
(for searches conducted on minors under 18)**

Date

PERSONAL DATA

Last Name

First Name

Middle Name

Current Address

Other Names Used (including maiden name)

Date of birth

Social Security Number

Drivers License # and State

Email address (may be used for official correspondence)

I have the right to make the request to Intellicorp Records, Inc, upon proper identification, to request the Nature and substance of all information, and the recipients of any reports on my which Intellicorp Records, Inc has previously furnished within the two years preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name

Applicant Signature

Date