NAME			
	LAST	FIRST	M.I.
DATE			

EMPLOYMENT APPLICATION FORM

GREAT FUTURES START HERE.





EMPLOYMENT APPLICATION

Equal Opportunity Employer

GENERAL								
NAME (Last)	(First)	(Middle Initial)	1	Felephone (Area Code			
OTHER NAMES USED								
PRESENT ADDRESS								
ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES?		ARE YOU AT			YOU HAVE A WORK PERMIT?			
□NO		□ NO		□ NO				
HOW WERE YOU REFERRED TO BOYS & GIRLS CLUBS OF AMERICA (BGCA)?								
PREVIOUS EMPLOYMENT W	ITH BGCA (If any, give dates, pos	sition, location)						
RELATIVES EMPLOYED BY BGCA (If any, give dates, positions)								
HAVE YOU BEEN CONVICTED OF, PLEAD GUILTY TO, AND/OR PLED <i>NOLO CONTENDRE</i> TO A CRIME (FELONY OR MISDEMEANOR, INCLUDING BUT NOT LIMITED TO SEXUAL OFFENDER CRIMES, THEFT, BANKING FRAUD, DRUG AND/OR ALCOHOL-RELATED OFFENSES, ASSAULT, ETC)? If yes, please								
explain (state, date, court, type of crime, place of occurrence, disposition):								
□ YES								
Note: Conviction of a crime will not necessarily disqualify you for employment. Each conviction will be judged on its own merit with respect to time and job relatedness.								
POSITION APPLIED FOR								
TITLE OR CATEGORY			SALARY REQUIREMENTS					
DATE AVAILABLE			WILLINGNES TO TRAVEL? (Appropriate percentage if position indicates)					
EDUCATION								
SCHOOL	NAME AND LOCATION	MAJOR	GRADU/ YES	ATE NO	DEGREE			
HIGH SCHOOL								
COLLEGE OR UNIVERSITY								
OTHER SCHOOLS (Graduate, technical, business, military, etc.)								
, , , , , , , , , , , , , , , , , , , ,								



WORK EXPERIENCE Start with current or last employer first. Do not detail duties and responsibilities if described in attached resume.							
COMPANY NAME	it or last employer mist. Do not deta	YOUR TITLE	uescribeu iii attached re	ouille.			
COMPANY ADDRESS (Stree	t & No.)	(City)	(State)	(Zip)			
START DATE	END DATE	STARTING SALARY	LAST SALARY				
SUPERVISOR'S NAME	SUPERVISOR'S TITLE	TELEPHONE	MAY WE CONTACT EMPLOYOR?				
BRIEF DESCRIPTION OF DU	TIES & RESPONSIBILITIES						
REASON FOR LEAVING							
COMPANY NAME		YOUR TITLE					
COMPANY ADDRESS (Stree	t & No.)	(City)	(State)	(Zip)			
START DATE	END DATE	STARTING SALARY	LAST SALARY				
SUPERVISOR'S NAME	SUPERVISOR'S TITLE	TELEPHONE	MAY WE CONTACT EMPLOYOR? ☐ YES ☐ NO				
BRIEF DESCRIPTION OF DU	TIES & RESPONSIBILITIES						
REASON FOR LEAVING							
COMPANY NAME		YOUR TITLE					
COMPANY ADDRESS (Stree	t & No.)	(City)	(State)	(Zip)			
START DATE	END DATE	STARTING SALARY	LAST SALARY				
SUPERVISOR'S NAME	SUPERVISOR'S TITLE	TELEPHONE	MAY WE CONTA	ACT EMPLOYOR?			
BRIEF DESCRIPTION OF DU	TIES & RESPONSIBILITIES			NO			
	G ILLS. GIGIDIEITES						
REASON FOR LEAVING							
ALL APPLICANTS							
TYPING SPEED:							
PLEASE LIST ALL SOFTWARE APPLICATION SKILLS:							
OFFICE MACHINES YOU CA	N OPERATE:						

