



DON MOYER BOYS AND GIRLS CLUB EMPLOYMENT APPLICATION



The Boys and Girls Club is part of a nationwide and local effort to help assure the protection of children from abuse and exploitation. Therefore, in order to safeguard the well being of the youth served the Boys and Girls Club will investigate the accuracy of data provided in the application process for all applicants before appointment to the staff can be made. This investigation may include, but is not limited to, reference checking with past employers, the military, schools, appropriate volunteer agencies and police and other government agencies.

Name: _____ Telephone _____

E-mail: _____

Position Title that you are applying for: _____

CATEGORY:	Full-time _____	SALARY REQUIRED: _____
	Part-time _____	DATE AVAILABLE: _____
		WILLING TO TRAVEL? _____
		(Approx. Percentage) _____

If part-time (days and time available) _____

All Other Names By Which Known at Any Time:

Address: _____

City, St., Zip: _____

Previous Addresses (past 10 years)	How long at this address?
(1) _____	_____
(2) _____	_____
(3) _____	_____
(4) _____	_____

Have you ever been terminated involuntarily from a paid or volunteer position or suspended from an education institution?
Yes ___ No ___ if yes, please explain circumstances

U.S. citizen? _____ VISA type, if not U. S. citizen? _____

How or by who referred you to Boys & Girls Club? _____

Have you ever been bonded? Yes ___ no ___ If yes, with what employer(s) _____

Military Service: from _____ to _____ Which branch? _____
Discharge was voluntary _____ or involuntary _____.
Describe the circumstances if discharge was involuntary _____

Emergency contact name: _____ Telephone: _____

EDUCATION

SCHOOL	NAME & LOCATION	MAJOR	FROM	TO	GRADUATE		DEGREE
					YES	NO	
HIGH SCHOOL							
COLLEGE OR UNIVERSITY							
TECHNICAL SCHOOLS							
SCHOOLS MILITARY							

If you did not graduate from any school you attended, state why: _____

Professional Societies, Associations, Awards, Publications: _____

Any physical or mental conditions that may limit ability to perform work applied for? (Specify) _____

Have you ever been hospitalized or institutionalized for a psychiatric or emotional condition? Yes ___ No ___ . If yes, explain, naming the institution(s) and approximate dates: _____

Have you been convicted of a crime(s) in the past ten years? Yes ___ No ___ . If yes, please describe _____

Have you ever been charged of any crime related to the mistreatment, abuse or molestation of children? Yes ___ No ___ . If yes, describe in full _____

Do you have a valid driver's license? Yes ___ No ___

Driver's License # _____ State Issued: _____



SHOW PRESENT OR LAST EMPLOYER FIRST AND WORK BACK. DO NOT DETAIL DUTIES AND RESPONSIBILITIES IF DESCRIBED IN ATTACHED RESUME. LIST ALL EMPLOYERS FOR THIS PERIOD. USE ADDITIONAL PAGES IF NEEDED.

COMPANY NAME _____ YOUR TITLE _____

COMPANY ADDRESS (No. & Street) _____

(City) _____ (State) _____ (Zip) _____
DATE STARTED _____ DATE LEFT _____

SUPERVISOR'S NAME _____ SUPERVISOR'S TITLE _____

TELEPHONE _____ MAY WE CONTACT EMPLOYER? _____

DESCRIPTION OF DUTIES AND RESPONSIBILITIES _____

REASON FOR LEAVING _____

COMPANY NAME _____ YOUR TITLE _____

COMPANY ADDRESS (No. & Street) _____

(City) _____ (State) _____ (Zip) _____
DATE STARTED _____ DATE LEFT _____

SUPERVISOR'S NAME _____ SUPERVISOR'S TITLE _____

TELEPHONE _____ MAY WE CONTACT EMPLOYER? _____

DESCRIPTION OF DUTIES AND RESPONSIBILITIES _____

REASON FOR LEAVING _____

COMPANY NAME _____ YOUR TITLE _____

COMPANY ADDRESS (No. & Street) _____

(City) _____ (State) _____ (Zip) _____
DATE STARTED _____ DATE LEFT _____

SUPERVISOR'S NAME _____ SUPERVISOR'S TITLE _____

TELEPHONE _____ MAY WE CONTACT EMPLOYER? _____

DESCRIPTION OF DUTIES AND RESPONSIBILITIES _____

REASON FOR LEAVING _____

VOLUNTEER EXPERIENCE (Past 10 Years)

AGENCY _____ TELEPHONE _____

ADDRESS _____
(STREET & No.) (City) (State)

SUPERVISOR _____ MAY WE CONTACT? _____ HOW LONG THERE? _____

DUTIES _____

AGENCY _____ TELEPHONE _____

ADDRESS _____
(STREET & No.) (City) (State)

SUPERVISOR _____ MAY WE CONTACT? _____ HOW LONG THERE? _____

DUTIES _____

SKILLS AND INTERESTS _____

IF ACCEPTED, WHAT KIND OF ASSIGNMENT WOULD YOU PREFER?

LIST COMPUTER SKILLS _____

I certify that all the answers given to all of the questions on this application and any attachment are to the best of my knowledge true and that I have not withheld any pertinent information.

I understand that any omission, misrepresentation or false information submitted in connection with this application may result in refusal of or summary dismissal from employment.

I hereby agree that in the course of considering my application you will make an inquiry though the Illinois Department of Law Enforcement and Child Abuse Registry concerning my background and I understand that, upon written request, information to the nature and scope of the inquiry, if one is made, will be provided me.

Date _____ Signature _____ Social Security Number _____