

EMPLOYMENT APPLICATION

Boys & Girls Clubs of Athens
P.O. Box 546
Athens, GA 30603
705 Fourth Street (30601)
706-546-5910

The Boys & Girls Club has been 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 & Girls Club will investigate the accuracy of the information 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, police and other government agencies.

POSITION APPLIED FOR:		
Category: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> either		Date Available:
*If part-time, please indicate the days and hours you are available:		
GENERAL INFORMATION		
First name:	MI:	Last:
Please list any other names by which you have been known, including maiden name:		
Street:	Apt. #:	P.O. Box:
City:	State:	Zip code:
Phone (area code first):	Date of Birth:	
Email address:		
Have you been convicted of a crime or crimes in the past 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked "Yes," please describe as fully as possible the nature of your convictions(s):		
Do you have a drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Drivers license number:
State of Issue:	<input type="checkbox"/> Operator <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Chauffeur	Expiration Date:
Have you ever served in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently a member of the National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Specialty:	Date entered:	Discharge date:

EDUCATION		
High School(s) attended:		Date Graduated:
College(s)/Trade School(s)/Business School(s) attended:		
Date Graduated:	Degree(s) Received:	
EMPLOYMENT INFORMATION - Please list work experience for the past five years, with your most recent employer first. If self-employed, give firm name.		
Previous Employer:		
Address:		
City, State, Zip:		
Phone:	Employment dates:	Salary:
Your last job title:		
List duties performed, skills used or learned, advancements or promotions at this company:		
Reason for leaving:		
Previous Employer:		
Address:		
City, State, Zip:		
Phone:	Employment dates:	Salary:
Your last job title:		
List duties performed, skills used or learned, advancements or promotions at this company:		
Reason for leaving:		

Previous Employer:		
Address:		
City, State, Zip:		
Phone:	Employment dates:	Salary:
Your last job title:		
List duties performed, skills used or learned, advancements or promotions at this company:		
Reason for leaving:		
Previous Employer:		
Address:		
City, State, Zip:		
Phone:	Employment dates:	Salary:
Your last job title:		
List duties performed, skills used or learned, advancements or promotions at this company:		
Reason for leaving:		
Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying:		

REFERENCES - Please list two references other than relatives or previous employers.

1. Name:

Position:

Company:

Address:

City, State, Zip:

Phone (area code first):

2. Name:

Position:

Company:

Address:

City, State, Zip:

Phone (area code first):

I certify that all the answers given by me to all the questions on this application and any attachment are to the best of my knowledge accurate and true. Furthermore, 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 subsequent dismissal from employment.

I hereby agree that in the course of considering my application, you may make inquiry to ascertain information concerning my background and I understand that upon written request, information as to the nature and scope of the inquiry, if one is made, will be provided to me.

Print name:

Social Security Number:

Signature:

Date: