

**BOYS & GIRLS CLUB
OF HENDERSON COUNTY**

OFFICE USE ONLY
Background Check: _____
Reference Check: _____
Reference Check: _____

EMPLOYMENT APPLICATION
An Equal Opportunity Employer

DATE: _____

Name (Last) _____ (First) _____ (M.I.) _____ (Area Code) Telephone _____

Current Address _____

City _____ State _____ Zip Code _____ Email Address _____

Are you authorized to work in the United States?
 Yes No Alien Number: _____
 If you are a resident alien, please give your alien number or present your resident alien card.

How did you learn about the Boys & Girls Club of Henderson County?

Previous Employment with Boys & Girls Club of Henderson County (If any, give dates, position, location)

Relatives Employed by Boys & Girls Club of Henderson County (If any, give dates, position)

Have you ever been convicted of a criminal offense? (If yes, please explain)
 Yes No

POSITION APPLIED FOR

Title or Category _____ Desired Compensation _____

Date available _____

Are there any medical or physical reasons that will prevent you from performing the job for which you are applying?
 YES (If yes, please explain) NO

EDUCATION

SCHOOL	NAME & LOCATION	MAJOR	DID YOU GRADUATE	DATES ATTENDED	DEGREE
High School					
College or University					
Other Schools					

WORK EXPERIENCE

START WITH LAST EMPLOYER FIRST. DO NOT DETAIL DUTIES AND RESPONSIBILITIES IF DESCRIBED IN ATTACHED RESUME

COMPANY NAME		YOUR TITLE	
COMPANY'S ADDRESS (Street & No.)	CITY	STATE	ZIP
DATE STARTED	DATE LEFT	STARTING SALARY	LAST SALARY
SUPERVISOR'S NAME	SUPERVISOR'S TITLE	TELEPHONE	MAY WE CONTACT EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO
BRIEF DESCRIPTION OF DUTIES & RESPONSIBILITIES			
REASON FOR LEAVING			

WORK EXPERIENCE

START WITH LAST EMPLOYER FIRST. DO NOT DETAIL DUTIES AND RESPONSIBILITIES IF DESCRIBED IN ATTACHED RESUME

COMPANY NAME		YOUR TITLE	
COMPANY'S ADDRESS (Street & No.)	CITY	STATE	ZIP
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BRIEF DESCRIPTION OF DUTIES & RESPONSIBILITIES			
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BRIEF DESCRIPTION OF DUTIES & RESPONSIBILITIES			
REASON FOR LEAVING			

CLERICAL SKILLS

TYPE	WORDS/MINUTE	MS OFFICE SUITE-PROFESSIONAL CAPABILITIES		
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Word	<input type="checkbox"/> Excel	<input type="checkbox"/> Access <input type="checkbox"/> Power Point <input type="checkbox"/> Publisher
List any languages you speak and/or write				

REFERENCES (If different from employers)

REFERENCE NAME: _____	REFERENCE TITLE: _____	PHONE#: _____
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