



BOYS & GIRLS CLUB OF HAWTHORNE EMPLOYMENT APPLICATION

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 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. Polygraph and finger printing will be used when necessary to verify particular circumstances. After employment, a statement of good health will be required from a physician.

POSITION APPLIED FOR

_____ Full Time

_____ Part Time

Date Available _____

If part time, days and times available _____

GENERAL INFORMATION

Name _____ Phone _____

All other names by which known at any time _____

Address _____

E-mail Address _____

Previous addresses (past 10 years), and name at which known at such address(es) if different from above.

1. _____

2. _____

3. _____

Have you ever been terminated involuntarily from a paid or volunteer position or suspended from an educational institution? _____ Yes _____ NO. If yes, explain circumstances: _____

Are you a U.S. citizen? _____ Yes _____ No Visa type, if not citizen _____

How, or by whom referred to the 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 _____. If involuntary, describe the circumstances: _____

School	Name & Location	Major	From To	Graduate Yes / No	Degree
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High School _____

College _____

Other _____

Technical
Schools _____

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

Do you belong to any professional societies, associations, receive any awards, for? (specify)

Any physical or mental conditions which 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 institution(s) and approximate dates:

Have you ever been convicted of a crime(s) in the past ten years? ____ Yes ____ No. If yes, describe in
full as to convictions: _____

Have you ever been criminally charged with 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. If yes, list from which state and license number:
State of _____ License number _____

WORK EXPERIENCE

Please list beginning with most recent. (Attach resume if available.)

Agency Name _____ Phone _____

Address _____

How long there _____ Dates _____

Supervisor Name _____ May we contact? ____ Yes ____ No

Duties _____

Agency Name _____ Phone _____
Address _____
How long there _____ Dates _____
Supervisor Name _____ May we contact? _____ Yes _____ No
Duties _____

Agency Name _____ Phone _____
Address _____
How long there _____ Dates _____
Supervisor Name _____ May we contact? _____ Yes _____ No
Duties _____

SKILLS & INTEREST

Please list computer skills, office equipment machines you can operate, special hobbies and areas of interest.

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

I understand that any omission, misrepresentation of 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 make inquiry to ascertain information concerning my background and I understand that upon written request, information as the nature and scope of the inquiry, if one is made, will be provided to me.

Signature

Date

Social Security Number



BOYS & GIRLS CLUB OF HAWTHORNE

1 Downes Way, Hawthorne, NJ 07506
(973) 427-7777
ww.bgchawthorne.org

Background Check Authorization Form

Name _____

Address _____

Date of Birth _____ Driver License Number _____

To assist in the evaluation of my employment qualifications, I hereby authorize the Boys & Girls Club of Hawthorne, hereinafter to be referred to as EMPLOYER, to request and receive any information concerning me, including, but not limited to, reports from any persons, schools, companies, corporations, partnerships, associations, credit bureaus, law enforcement agencies, licensing agencies, and from previous employers.

I authorize any of the above parties to furnish EMPLOYER, with any and all information concerning, including, but not limited to credit reports. I further agree to release EMPLOYER from any and all liability and responsibility arising out of the release of any such information or credit report.

Understood and agreed to by:

Signed _____

Dated _____

Witnessed _____