

GREAT FUTURES START **HERE.**



BOYS & GIRLS CLUBS
OF CENTRAL GEORGIA

Employment Application

(An equal opportunity employer)

DATE _____

PERSONAL INFORMATION

LAST _____ FIRST _____ MIDDLE INITIAL _____

ADDRESS _____ APT _____

CITY _____ STATE _____ ZIP CODE _____

PREVIOUS ADDRESS (if less than 3 years) _____

PHONE NUMBER _____

EMAIL ADDRESS _____

ARE YOU 18 YEARS OR OLDER? _____ YES _____ NO

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US? _____ YES _____ NO

DESIRED EMPLOYMENT

POSITION _____ LOCATION _____

DATE YOU CAN START _____

SALARY DESIRED _____

EVER APPLIED FOR THIS COMPANY BEFORE? _____ YES _____ NO

WHEN? _____ WHERE? _____

EVER WORKED FOR THIS COMPANY BEFORE? _____ YES _____ NO

WHEN? _____ WHERE? _____

REASON FOR LEAVING _____

EDUCATION

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	DEGREE
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR OTHER SCHOOL				

SPECIAL TRAINING, CERTIFICATION, OR LICENSES

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? _____ YES _____ NO

BRANCH OF SERVICE _____

DISCHARGE DATE _____ RANK _____

FORMER EMPLOYERS

List below last three employers, starting with the most recent

NAME OF PRESENT OR LAST EMPLOYER

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____

STARTING DATE _____ LEAVING DATE _____

JOB TITLE _____

STARTING SALARY _____ FINAL SALARY _____

MAY WE CONTACT YOUR SUPERVISOR _____ YES _____ NO

NAME OF SUPERVISOR _____

TITLE _____ PHONE _____

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME OF EMPLOYER _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____

STARTING DATE _____ LEAVING DATE _____

JOB TITLE _____

STARTING SALARY _____ FINAL SALARY _____

MAY WE CONTACT YOUR SUPERVISOR _____ YES _____ NO

NAME OF SUPERVISOR _____

TITLE _____ PHONE _____

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME OF EMPLOYER _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____

STARTING DATE _____ LEAVING DATE _____

JOB TITLE _____

STARTING SALARY _____ FINAL SALARY _____

MAY WE CONTACT YOUR SUPERVISOR _____ YES _____ NO

NAME OF SUPERVISOR _____

TITLE _____ PHONE _____

DESCRIPTION OF WORK

REASON FOR LEAVING

REFERENCES

LIST PROFESSIONAL REFERENCES WHOM WE MAY CONTACT

NAME	ADDRESS	BUSINESS	PHONE NUMBER

HAVE YOU EVER BEEN CONVICTED OF, PLEASE GUILTY, NO CONTEST TO, OR HAD A SUSPENDED IMPOSITION OF SENTENCE FOR ANY OFFENSE (OTHER THAN A MINOR TRAFFIC VIOLATION)?

_____ YES _____ NO

IF YES, EXPLAIN

(A CONVICTIONAL RECORD WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION. THIS INFORMATION WILL BE USED ONLY FOR JOB-RELATED PURPOSES AND ONLY TO THE EXTENT PERMITTED BY LAW.)

AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED; FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS.

DATE _____ SIGNATURE _____