

Date Received: _____
 Scheduled Interview: Yes / No
 Interview Date: _____
 Hired: Yes / No
 Start Date: _____
 Pay Rate: _____



BOYS & GIRLS CLUBS
 OF COOKE COUNTY

Employment Application

Equal Opportunity Employer

NAME (Last)	(First)	(Middle)	TELEPHONE (Area Code)
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OTHER NAMES USED:	EMAIL ADDRESS:
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PRESENT ADDRESS:	T-SHIRT SIZE:
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DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	DRIVERS LICENSE # & STATE
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Are you authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you at least 17 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO
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HOW WERE YOU REFERRED TO BOYS & GIRLS CLUBS OF COOKE COUNTY :

RELATIVIVES EMPLOYED BY B&GCCC (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:	SALARY DESIRED :
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DATE AVAILABLE:	DAYS & TIMES AVAILABLE :
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EDUCATION

SCHOOL	NAME & LOCATION	MAJOR	GRADUATED	DEGREE
HIGH SCHOOL				
COLLEGE				
OTHER SCHOOL S (Graduate, Technical, Business, Military, etc.)				

WORK EXPERIENCE

(Start with current or last employer first. Do not detail duties and responsibilities if described in attached resume.)

COMPANY NAME		YOUR TITLE	
COMPANY ADDRESS		CITY, STATE	ZIP
DATE STARTED	DATE LEFT	STARTING PAY	ENDING PAY
SUPERVISORS NAME	SUPERVISORS 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 current or last employer first. Do not detail duties and responsibilities if described in attached resume.)

COMPANY NAME		YOUR TITLE	
COMPANY ADDRESS		CITY, STATE	ZIP
DATE STARTED	DATE LEFT	STARTING PAY	ENDING PAY
SUPERVISORS NAME	SUPERVISORS TITLE	TELEPHONE	MAY WE CONTACT EMPLOYER YES NO
BRIEF DESCRIPTION OF DUTIES & RESPONSIBILITIES			
REASON FOR LEAVING			

WORK EXPERIENCE

(Start with current or last employer first. Do not detail duties and responsibilities if described in attached resume.)

COMPANY NAME		YOUR TITLE	
COMPANY ADDRESS		CITY, STATE	ZIP
DATE STARTED	DATE LEFT	STARTING PAY	ENDING PAY
SUPERVISORS NAME	SUPERVISORS TITLE	TELEPHONE	MAY WE CONTACT EMPLOYER YES NO
BRIEF DESCRIPTION OF DUTIES & RESPONSIBILITIES			
REASON FOR LEAVING			

REFERENCES NAME	RELATIONSHIP	PHONE NUMBER	EMAIL
1.			
2.			
3.			

Can you perform this job (as detailed verbally or in the job description) with our without a reasonable accommodation?

YES NO

Accommodation (s): _____

I authorize Boys & Girls Clubs of Cooke County (B&GCCC) to investigate all statements in this application and to secure any necessary information from all my employers, references and academic institutions. I hereby release all of those employers, references, academic institutions and B&GCCC from any and all liability arising from their giving or receive information about my employment history, my academic credentials or qualifications and my suitability for employment with B&GCCC. I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my academic credentials and employment references.

I further understand that any false or misleading statements will be sufficient cause for rejection of my application if B&GCCC has not employed me or immediate dismissal if B&GCCC has employed me. I also authorize B&GCCC to supply information about my employment record, in who or in part, in confidence to any prospective employer, government agency, or other party having legal and proper interest, and I hereby release B&GCCC from any and all liability for its providing this information.

I understand that nothing is in employment application, in B&GCCC's policy statements or personnel guidelines, or in my communications with any B&GCCCCO official is intended to create an employment contract between B&GCCCCO and me. I also understand that B&GCCC has the right to modify its policies without giving me any notice of the changes. No promises regarding employment have been made to me. I understand that if any employment relation is established, I have the right to terminate my employment at any time for any reason. I also understand that B&GCCC retains the right to terminate my employment at any time for any reason.

I hereby acknowledge that I have read and understand the receding statements.

Signature

Date

EQUAL OPPORTUNITY EMPLOYER: Qualified applicants receive consideration for employment without discrimination because of age, sex, religion, marital status, race, color, creed, national origin or disability.

Emergency Contact Form

SPECIAL INSTRUCTIONS:

In the event of a medical emergency, are there any emergency procedures or medication restrictions of which emergency personnel should be aware? If yes, please explain.

PRIMARY CONTACT IN CASE OF EMERGENCY:

NAME	(Last)	(First)	(Middle)	RELATIONSHIP
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ADDRESS	TELEPHONE (Area Code)	ALT. TELEPHONE (Area Code)
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SECONDARY CONTACT IN CASE OF EMERGENCY:

NAME	(Last)	(First)	(Middle)	RELATIONSHIP
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ADDRESS	TELEPHONE (Area Code)	ALT. TELEPHONE (Area Code)
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PHYSICIAN CONTACT:

NAME	(Last)	(First)
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ADDRESS	TELEPHONE (Area Code)	ALT. TELEPHONE (Area Code)
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EMPLOYEE AUTHORIZATION:

I have voluntarily provided the above contact information and authorize the Boys & Girls Club of Cooke County and its representatives to contact any of the above individuals on my behalf in the event of an emergency.

EMPLOYEE SIGNATURE

DATE



BOYS & GIRLS CLUBS
OF COOKE COUNTY

BG Check Date: _____
Accepted: Yes / No

AUTHORIZATION FOR BACKGROUND CHECK

Please read and sign this form in the space provided below:

I, _____, hereby authorize the Boys & Girls Club of Cooke County to investigate my background and qualifications for the purpose of evaluating whether I am qualified for the position for which I am applying. I understand that the Boys & Girls Club of Cooke County will utilize and outside firm to assist in check such information, and I specifically authorize such an investigation by information services and outside entities of the Organization's choice now and annually during the tenure of my employment of service with the Boys & Girls Club of Cooke County. I recognized that the Organization will consider the results of my background check in selecting me for employment. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Signature of Employee

Date

Printed Name of Employee