

Name: \_\_\_\_\_  
First Last Middle

Date: \_\_\_\_\_

# EMPLOYMENT APPLICATION



(AN EQUAL OPPORTUNITY EMPLOYER)

Admin \_\_\_\_\_ P&O Director \_\_\_\_\_ Payroll \_\_\_\_\_

## PERSONAL INFORMATION

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FULL NAME: \_\_\_\_\_

SOCIAL SECURITY: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DRIVERS LICENSE NUMBER: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
CITY STATE ZIP

MAY WE CALL YOU AT WORK?  YES  NO CELLPHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ARE YOU A U.S. CITIZEN OR AUTHORIZED TO WORK IN THE UNITED STATES?  YES  NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL LIMITATIONS?  YES  NO

IF YES, PLEASE DESCRIBE: \_\_\_\_\_

ARE YOU FLUENT IN SPANISH?  YES  NO

EXPERIENCE WORKING WITH KIDS?  YES  NO IF YES, HOW LONG? \_\_\_\_\_

## EDUCATION

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HIGH SCHOOL GRADUATE?  YES  NO IF NO, CURRENT GRADE: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

COLLEGE GRADUATE?  YES  NO NAME OF COLLEGE: \_\_\_\_\_ MAJOR: \_\_\_\_\_

TYPE OF DEGREE: \_\_\_\_\_

OTHER SCHOOL (GRADUATE, TECHNICAL, BUSINESS, MILITARY) \_\_\_\_\_

OTHER CERTIFICATIONS OR LICENSES: \_\_\_\_\_

## FORMER EMPLOYERS

PLEASE LIST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

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EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_ START DATE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_ END DATE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_ START DATE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_ END DATE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_ START DATE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_ END DATE: \_\_\_\_\_

## REFERENCES

PLEASE LIST THE NAMES OF THREE INDIVIDUALS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST TWO YEARS

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NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELLPHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELLPHONE: \_\_\_\_\_

**REFERENCES** (CONTINUED)

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NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CELLPHONE: \_\_\_\_\_

**DESIRED EMPLOYMENT**

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POSITION APPLYING FOR: \_\_\_\_\_ AVAILABILITY:  PART-TIME  FULL-TIME

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY BGCHL?  YES  NO LOCATION/UNIT: \_\_\_\_\_

DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED BY BGCHL?  YES  NO LOCATION/UNIT: \_\_\_\_\_

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"I certify that the facts contained in this application are true and complete to the best of my knowledge. I 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 listed above to give BGCHL any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing this information to BGCHL.

I understand that a criminal background history check by First Advantage, a drug test by Austin Mobile Drug Testing, and a drivers license check will be required and all information received will be used to determine eligibility for employment.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause."

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE DATE

**FOR EMPLOYER ONLY**

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INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

UNIT DIRECTOR COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REFERENCE'S COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

HIRED?  YES  NO POSITION: \_\_\_\_\_ START DATE: \_\_\_\_\_

SALARY: \$ \_\_\_\_\_ /HOUR \_\_\_\_\_

\_\_\_\_\_  
UNIT DIRECTOR SIGNATURE DATE

\_\_\_\_\_  
PROGRAM & OPERATIONS DIRECTOR DATE