



EMPLOYMENT APPLICATION

GENERAL

NAME (Last)	(First)	(MI)	(Maiden Name)	TELEPHONE (Area Code)
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MARITAL STATUS: (Circle)	Single	Married	Head of Household	SOCIAL SECURITY#:
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PRESENT ADDRESS: #	Street	City	State	Zip Code
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EMERGENCY CONTACT: Name:	Relationship:	Phone Number:	Any Allergies, Mental or Physical Medical Problems:
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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 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NOT, DO YOU HAVE A WORK PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO
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HOW WERE YOU REFERRED TO BOYS & GIRLS CLUBS of COASTAL CAROLINA (BGCCC)?

PREVIOUS EMPLOYMENT WITH BGCCC (If any, give dates, position, location)

RELATIVES EMPLOYED BY BGCCC (If any, give dates, positions)

HAVE YOU BEEN CONVICTED OF, PLEAD GUILTY TO, AND/OR PLED *NOLO CONTENDRE* TO A CRIME (FELONY OR MISDEMEANOR, INCLUDING BUT NOT LIMITED TO SEXUAL OFFENDER CRIMES, THEFT, BANKING FRAUD, DRUG AND/OR ALCOHOL-RELATED OFFENSES, ASSAULT, ETC.)? If yes, please explain (state, date, court, type of crime, place of occurrence, disposition):

YES _____

NO

Note: Conviction of a crime will not necessarily disqualify you for employment. Each conviction will be judged on its own merit with respect to time and job relatedness.

EMPLOYMENT INTEREST

POSITION APPLYING FOR:	DESIRED SALARY:	HOURS AVAILABLE PER WEEK:
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DATE AVAILABLE	AGE GROUP YOU PREFER TO WORK WITH: (Circle)	6 - 8	9 - 11	11 - 13	14 - up
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EDUCATION

SCHOOL	NAME AND LOCATION	MAJOR	GRADUATE		DEGREE
			YES	NO	
HIGH SCHOOL					
COLLEGE OR UNIVERSITY					
OTHER SCHOOLS (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 (Street & No.)		(City)	(State) (Zip)
START DATE	END DATE	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			

COMPANY NAME		YOUR TITLE	
COMPANY ADDRESS (Street & No.)		(City)	(State) (Zip)
START DATE	END DATE	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			

COMPANY NAME		YOUR TITLE	
COMPANY ADDRESS (Street & No.)		(City)	(State) (Zip)
START DATE	END DATE	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			

Do you have transportation to the Club? _____ How? _____

AUTHORIZATION TO RELEASE EMPLOYMENT REFERENCE INFORMATION

I understand that Boys & Girls Clubs of Coastal Carolina (BGCCC) will attempt to verify statements made on my application and made during my employment interview. I hereby give my permission for my former employers to answer any and all questions based upon information available to them in my prior employment records. I understand that it is possible that my prior employment records may not be accurate. Nonetheless, in consideration of BGCCC's review of this application and my candidacy for employment, I release BGCCC and all former employers from any liability as a result of the furnishing and receiving of this reference information. I understand that my failure to sign this reference release so BGCCC can contact references and make a full background check of my previous work history will be deemed interference with and a withdrawal of my application for employment.

____ *Yes ____ *No (*Put initials in appropriate space to indicate consent to this authorization.)

Signature _____ Date _____

JOB APPLICANT AGREEMENT

I understand that Boys & Girls Clubs of Coastal Carolina (BGCCC) requires certain information about me to evaluate my qualifications for employment and conduct its business if I become an employee. I understand that false, incomplete, or misleading statements on this application may be considered sufficient cause for rejection of my application and for dismissal, if discovered after I am employed by BGCCC. The use of this application blank does not indicate there are positions open and does not in any way obligate BGCCC.

I also authorize BGCCC to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having a legal and proper interest, and I hereby release BGCCC from any and all liability for its providing this information. I understand that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of this investigation.

In consideration of my potential employment, I agree to conform to the rules of BGCCC. I understand that I have the right to terminate my employment at any time with or without notice, with or without cause, and that BGCCC has a similar right. I understand my employment by BGCCC does not constitute a guarantee that any position be continued for any length of time or that any job assignment or shift be permanent. I understand that I may be required to work scheduled and unscheduled overtime and scheduled weekend and holiday work when required by BGCCC. I also understand that BGCCC has the right to modify its policies without giving me any notice of the changes. No promises regarding employment have been made to me.

The Immigration Reform and Control Act of 1986 require that, after employment, employers verify the legal work authorization and identity of all new employees. An offer of employment will depend upon BGCCC's ability to verify this necessary information.

Applications will not be considered active after the position is filled. I understand that BGCCC will attempt to verify statements made on my application and made during my employment interview.

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.

OFFICE USE ONLY:

Interviewed by: _____ Date: _____

Remarks:

