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



## **Employment Application**

Equal Opportunity Employer

NAME	(Last)	(First)	(Middle)	TELEPHONE (Area C	code)	
OTHER I	OTHER NAMES USED: EMAIL ADDRESS:					
PRESEN'	PRESENT ADDRESS: T-SHIRT SIZE:					
DATE OF BIRTH: SOCIAL SECURITY NUMBER:			DRIVERS LICENSE # 8	& STATE		
Are you	authorized	to work in the United States	5?	Are you at least 18 y	years of age?	
	YES I	10		☐ YES ☐ NO		
Location	n applying fo	or: (Check all that apply)				
El Dorado-Youth Center Teen Center Smackover-Norphlet Prime Time-HG Prime Time-NW Prime Time-Y						
RELATIV	RELATIVIVES EMPLOYED BY BGCE (if any, give dates, position):					
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? (If yes, please explain):						
			POSITION APPLIED FO	R		
TITLE OR CATEGORY: SALARY DESIRED:						
DATE A	DATE AVAILABLE: DAYS & TIMES AVAILABLE:					
EDUCATION						
SCI	HOOL	NAME & LOCATION	MAJOR	YEAR GRADUATED	DEGREE	
HIGH	SCHOOL					
COLI	LEGE					
OTHER S	SCHOOLS					
(Graduate	e, 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, STAT	ΓE		ZIP
DATE STARTED	DATE LEFT	STARTING PA	AY	END	ING PAY
SUPERVISORS NAME	SUPERVISORS	TITLE	TELEPHONE	MAY WE CON	TACT EMPLOYER  □ NO
BRIEF DESCRIPTION OF DUT	IES & RESPONSIBILITIES				
REASON FOR LEAVING					
(Start with curre	ent or last employer first. Do n	WORK EXPERIEN		f described in attach	ed resume.)
COMPANY NAME				YOUR TITLE	,
COMPANY ADDRESS		CITY, STAT	ΓE		ZIP
DATE STARTED	DATE LEFT	STARTING PA	AY	END	ING PAY
SUPERVISORS NAME	SUPERVISORS	TITLE	TELEPHONE		TACT EMPLOYER
BRIEF DESCRIPTION OF DUT	IES & RESPONSIBILITIES				YES NO
REASON FOR LEAVING					
(Start with curre	ent or last employer first. Do n	WORK EXPERIEN		f described in attach	ed resume.)
COMPANY NAME				YOUR TITLE	
COMPANY ADDRESS		CITY, STATE			ZIP
DATE STARTED	DATE LEFT	STARTING PA	AY	END	ING PAY
SUPERVISORS NAME	SUPERVISORS	TITLE	TELEPHONE		TACT EMPLOYER ES
BRIEF DESCRIPTION OF DUT	IES & RESPONSIBILITIES				
REASON FOR LEAVING					

REFERENCES				
NAME	RELATIONSHIP	PHONE NUMBER	EMAIL	
1.				
2.				
3.				
Can you perform this job (as detailed v	verbally or in the job	o description) with our with	out a reasonable accommodation?	
Accommodation (s):				
this application and to secure any nece all of those employers, references, acad information about my employment h	ssary information from demic institutions an history, my academi fer of employment is	om all my employers, referer od BGCE/BGCSN from any and c credentials or qualification	BGCE/BGCSN) to investigate all statements in nces and academic institutions. I herby release d all liability arising from their giving or receive ons and my suitability for employment with a satisfactory report concerning my academic	
has not employed me or immediate di	smissal if BGCE/BGC o or in part, in confi	SN has employed me. I also dence to any prospective e	or rejection of my application if BGCE/BGCSN authorize BGCE/BGCSN to supply information mployer, government agency, or other party ility for its providing this information.	
communications with any BBGCE/BGC understand that BGCE/BGCSN has the employment have been made to me.	SN official is intender right to modify its po understand that if	d to create an employment oblicies without giving me any any employment relation is	ratements or personnel guidelines, or in my contract between BGCE/BGCSN and me. I also notice of the changes. No promises regarding established, I have the right to terminate my he right to terminate my	
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.



BG Check Date:	
Accepted: Yes / No	

## **AUTHORIZATION FOR BACKGROUND CHECK**

Please read and sign this form in the space provid	led below:
Advantage. The criminal history record, as received arrest and conviction data, as well as plea bargains will be used, in part, to determine my eligibility or I also understand that as long as I remain an employed	, hereby authorize the Boys & Girls Club of El riminal history as received through First Advantage Volunteer ed from the reporting agencies, may include juvenile offenses, is and deferred adjudication. I understand that this information of an employment or volunteer position with this organization. Oyee or volunteer here, the criminal history records check may ill have an opportunity to review the criminal history and a ethe record as received.
discharge and agree to indemnify the volunteer of officers, directors, employees, and agents harm liabilities, costs, debts, and sums of money, claims	cor and administrators, hereby remise, release and forever center of the Boys & Girls Clubs of El Dorado and each of their nless from and against any and all causes of actions, suits, s, and demands whatsoever and any and all related attorneys' om the investigation of my background in connection with my .
Signature of Employee	Date
Printed Name of Employee	

**GREAT FUTURES START HERE.**