

Office Use:		
Application Date _____	Interview Date _____	
Start Date _____	Club Location _____	



Application for Employment

Name _____

Address _____

Date of Birth _____ Social Security # _____

Home Telephone _____ Cell Phone _____

E-mail _____

List any days or hours you cannot work? _____

Date you can start work: _____

HAVE YOU WORKED FOR BOYS AND GIRLS CLUBS BEFORE? Yes ___ No ___

ARE YOU WILLING TO WORK ADDITIONAL HOURS AS REQUIRED FOR SPECIAL EVENTS? Yes ___ No ___

YOU ARE ABLE & WILLING TO WORK AT EITHER THE MCGRAW OR EXTENDED SITES? Yes ___ No ___

DO YOU HAVE A CURRENT WASHINGTON STATE DRIVERS LICENSE? Yes ___ No ___

ARE YOU OVER 18 YEARS OLD? Yes ___ No ___

ARE YOU A U.S. CITIZEN OR OTHERWISE AUTHORIZED TO WORK IN THE U.S.? Yes ___ No ___

ANY TRAFFIC VIOLATIONS IN THE LAST 3 YEARS? Yes ___ No ___

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes ___ No ___

If yes, describe conditions: _____

EDUCATION:

Name of School

of Years

Graduate?

Subjects Studied

HIGH SCHOOL

COLLEGE

TRADE OR
BUSINESS SCHOOL

EMPLOYMENT HISTORY: (Start with present or last position)

Employer: _____

Address: _____ Supervisor: _____

Phone: _____ Position Title: _____

Duties: _____

Start Date: _____ End Date: _____ Last Salary: _____

Reason for leaving: _____

Employer: _____

Address: _____ Supervisor: _____

Phone: _____ Position Title: _____

Duties: _____

Start Date: _____ End Date: _____ Last Salary: _____

Reason for leaving: _____

Employer: _____

Address: _____ Supervisor: _____

Phone: _____ Position Title: _____

Duties: _____

Start Date: _____ End Date: _____ Last Salary: _____

Reason for leaving: _____

SKILLS:

5= My Specialty 4= Confident to Lead 3= Confident to Assist Activity
2= Limited Experience 1= No Experience

Computers _____ Arts & Crafts _____ Teen Programs _____ Athletics _____

Games Room _____ Education Tutor _____ Drama _____ Story Telling _____

Dance/Movement _____ Writing Skills _____ Health/Nutrition _____ Recreation _____

List any other skills or areas of interest: _____

Previous experience you have working with children: _____

REFERENCES:

NAME

OCCUPATION

PHONE NUMBER

1.) _____

2.) _____

3.) _____

I certify that the above is true to the best of my knowledge. I understand that untruthful or misleading information is cause for rejection of my application or dismissal if employed. I authorize an investigation of statements contained in this application, which will allow the employer to make an employment decision.

Signature

Date

Emergency Contact: Name & Number _____