



APPLICATION FORM (PAID STAFF)

The Boys & Girls Clubs of Western Nevada has been part of a nationwide and local effort to help assure the protection of children from abuse and exploitation. Therefore, in order to safeguard the well being of the youth served, the Boys & Girls Club of Western Nevada will investigate the accuracy of data provided in the application process for *all* applicants before appointment to the staff can be made. This investigation may include, but is not limited to, reference checking with past employers, the military, schools, appropriate volunteer agencies, and police and other government agencies. Polygraph and fingerprinting will be used when necessary to verify particular circumstances. After employment, a statement of good health will be required from a physician.

POSITION APPLIED FOR

CATEGORY: Paid full-time _____ SALARY REQUIRED: _____
Paid part-time _____ DATE AVAILABLE: _____
Volunteer _____ WILLING TO TRAVEL: (Circle one) YES NO
Approximate percentage _____%

If part-time or volunteer, please indicate days and time available: _____

GENERAL

NAME: _____ TELEPHONE: _____

All other names by which known at any time: _____

ADDRESS: _____

Previous address (es) for the past ten (10) years, and name(s) by which known at such address (es) is different from above:

	<u>Name</u>	<u>Address</u>	<u>How long at this address?</u>
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____

HAVE YOU EVER BEEN TERMINATED INVOLUNTARILY FROM A PAID OR VOLUNTEER POSITION OR SUSPENDED FROM AN EDUCATIONAL INSTITUTION? ____ YES ____ NO If yes, explain circumstances: _____

U.S. CITIZEN? ____ YES ____ NO VISA TYPE, IF NOT A U.S. CITIZEN: _____

How or by whom were you referred to the Boys & Girls Club of Western Nevada? _____

Have you ever been bonded? ____ YES ____ NO If yes, with what employer(s): _____

Military Service: from _____ to _____ Which branch? _____

Discharge was ____ Voluntary ____ Involuntary Describe the circumstances if discharge was involuntary: _____

EDUCATION

LEVEL	NAME & LOCATION	MAJOR FROM	TO	Graduate YES/NO	DEGREE
HIGH SCHOOL					
COLLEGE OR UNIVERSITY					
OTHER TECHNICAL SCHOOL					
COLLEGES MILITARY SCHOOLS					
SCHOOLS ETC.					

If you did not graduate from any school you attended, state why: _____

Professional Societies, Associations, Awards, Publications: _____

Any physical or mental condition(s), which may limit ability to perform work, applied for? (Specify) _____

Have you ever been hospitalized or institutionalized for a psychiatric or emotional condition? _____ YES _____ NO

If yes, explain, naming the institution(s) and approximate date(s): _____

Have you been convicted of a crime(s) in the past ten (10) years? _____ YES _____ NO

If yes, describe in full as to convictions: _____

Have you ever been criminally charged with any crime(s) related to the mistreatment, abuse or molestation of children?

_____ YES _____ NO If yes, describe in full: _____

WORK EXPERIENCE

Show present or last employer first and work back. Do not detail duties and responsibilities if described in attached résumé. List all employers for this period. Use additional pages if needed.

COMPANY NAME: _____ YOUR TITLE: _____

COMPANY ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

DATE STARTED: _____ DATE LEFT: _____ STARTING SALARY: _____

ENDING SALARY: _____

SUPERVISOR'S NAME: _____ SUPERVISOR'S TITLE: _____

SUPERVISOR'S TELEPHONE: _____ MAY WE CONTACT EMPLOYER? _____

DESCRIPTION OF DUTIES & RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

COMPANY NAME: _____ YOUR TITLE: _____

COMPANY ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

DATE STARTED: _____ DATE LEFT: _____ STARTING SALARY: _____

ENDING SALARY: _____

SUPERVISOR'S NAME: _____ SUPERVISOR'S TITLE: _____

SUPERVISOR'S TELEPHONE: _____ MAY WE CONTACT EMPLOYER? _____

DESCRIPTION OF DUTIES & RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

VOLUNTEER EXPERIENCE (Past 10 years)

AGENCY: _____ TELEPHONE: _____
AGENCY ADDRESS: _____
CITY: _____ STATE: _____ ZIPCODE: _____
SUPERVISOR'S NAME: _____ MAY WE CONTACT SUPERVISOR? _____
HOW LONG THERE? _____
DUTIES: _____

AGENCY: _____ TELEPHONE: _____
AGENCY ADDRESS: _____
CITY: _____ STATE: _____ ZIPCODE: _____
SUPERVISOR'S NAME: _____ MAY WE CONTACT SUPERVISOR? _____
HOW LONG THERE? _____
DUTIES: _____

CLERICAL APPLICANTS

TYPE	WORDS/MINUTE	DICTATION	WORDS/MINUTE
____ YES ____ NO	_____	____ YES ____ NO	_____

OFFICE MACHINES YOU CAN OPERATE: _____

Prospective employees will receive consideration without discrimination because of race, creed, sex, age, national origin or handicap. We are an equal opportunity employer.

I certify that all answers given by me to all of the questions on this application and any attachment are to the best of my knowledge true and that I have not withheld any pertinent information.

I understand that any omission, misrepresentation or false information submitted in connection with this application may result in refusal of or summary dismissal from employment.

I hereby agree that in the course of considering my application, you may make inquiry to ascertain information concerning my background and I understand that, upon written request, information as to the nature and scope of the inquiry, if one is made, will be provided to me.

SIGNATURE: _____ DATE: _____

SOCIAL SECURITY NUMBER: _____