

EMPLOYMENT APPLICATION
BOYS & GIRLS CLUB OF CLIFTON, INC
822 CLIFTON AVENUE, CLIFTON, NEW JERSEY 07013

The Boys & Girls Club is part of a nationwide and local effort to help assure the protection of children from abuse and exploitation. *We have a zero-tolerance policy for child abuse and mistreatment of any kind in our organization and consistently employ many policies and practices to ensure the safety of children in our care.* Therefore, in order to safeguard the wellbeing of the youth served, the Club 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, 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 APPLYING FOR

Applying for: Full Time Part Time _____ Volunteer _____ Date Available _____

Time & Availability: Mon _____ Tues _____ Wed _____ Thur _____ Fri _____

GENERAL INFORMATION

Full Name: _____ Telephone # _____

All Other Names by Which Known: _____

Address _____ City: _____ Zip Code: _____

Email _____

PREVIOUS ADDRESSES WITHIN THE LAST 10 YEARS

(1) _____

(2) _____

(3) _____

Have you ever been terminated involuntarily from a paid or volunteer position suspended from an educational institution? Yes No if yes, explain: _____

Are you a U.S. Citizen? Yes No If not U.S. Citizen, Visa type: _____

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

Have you ever been bonded? Yes No if yes with what employer(s) _____

Have you served in the Military? Yes No if yes, which Branch: _____

Discharge was voluntary involuntary ? if discharge was involuntary, please explain: _____

WORK EXPERIENCE

List all employers starting with your present employer.

Company Name: _____ Position: _____

Address: _____ City: _____ State: _____

Date Started: _____ Date Ended: _____ Salary: _____ or Hourly Rate: _____

Supervisors Name: _____ Phone Number: _____ May We Contact?
Yes No

Describe Duties & Responsibilities: _____

Reason for Leaving: _____

Company Name: _____ Position: _____

Address: _____ City: _____ State: _____

Date Started: _____ Date Ended: _____ Salary: _____ or Hourly Rate: _____

Supervisors Name: _____ Phone Number: _____ May We Contact?
Yes No

Describe Duties & Responsibilities: _____

Reason for Leaving: _____

Company Name: _____ Position: _____

Address: _____ City: _____ State: _____

Date Started: _____ Date Ended: _____ Salary: _____ or Hourly Rate: _____

Supervisors Name: _____ Phone Number: _____ May We Contact?
Yes No

Describe Duties & Responsibilities: _____

Reason for Leaving: _____

Company Name: _____ Position: _____

Address: _____ City: _____ State: _____

Date Started: _____ Date Ended: _____ Salary: _____ or Hourly Rate: _____

Supervisors Name: _____ Phone Number: _____ May We Contact?
Yes No

Describe Duties & Responsibilities: _____

Reason for Leaving: _____

VOLUNTEER EXPERIENCE

Agency: _____ Telephone: _____

Address: _____ City: _____ State: _____

Supervisors Name: _____ Phone Number: _____ May We Contact?
Yes No

Describe Duties & Responsibilities: _____

VOLUNTEER EXPERIENCE

Agency: _____ Telephone: _____

Address: _____ City: _____ State: _____

Supervisors Name: _____ Phone Number: _____ May We Contact?
Yes No

Describe Duties & Responsibilities: _____

EDUCATION

High School and Location	From – To	Major & Degree	Graduate?	
			Yes	No
_____	_____	_____		
College/University			Yes	No
_____	_____	_____		
_____	_____	_____	Yes	No
Technical School			Yes	No
_____	_____	_____		
Other Schools Attended			Yes	No
_____	_____	_____		

If you did not graduate from any schools you attended, please explain: _____

Professional societies, associations, awards, publications: _____

Any physical or mental conditions, which may limit ability to perform work? _____

Have you ever been hospitalized or institutionalized for a psychiatric or emotional condition? Yes No
if yes please explain and provide dates: _____

Have you ever been criminally charged with any crime related to the mistreatment, abuse or molestation of children? Yes or No, if yes, please describe in full detail: _____

Do you have a valid driver's license? Yes No (what state) _____

Print Name

Date

Signature

Click on the email button to submit the completed application