



**BOYS & GIRLS CLUB
OF JANESVILLE**

Employment Application

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.

Personal Information

Name: _____
First M.I. Last

Present Address (Apt. Number, Street, City, State, Zip Code)

Permanent Address (Apt. Number, Street, City, State, Zip Code)

Phone Number: _____ Social Security Number: _____

Email Address: _____

Employment Desired

- Front Desk Staff
- Program Assistant
- Licensed Program Staff Member
- Lead Licensed Program Staff Member

Start Date: _____ Desired Wage: _____

Are you currently employed? Yes No

If so, may we contact your employer? Yes No

Have you ever applied for this organization before? Yes No

When? _____

Education

High School Diploma: Yes No

If "Yes", date received: _____ Name of High School: _____

GED: Yes No

If "Yes", date received: _____ Name of Issuing Agency: _____

Name-Post High School, College, University, Technical College	Dates Attended	Major	Degree, Diploma, Credential

Attach additional pages if necessary.

Early Childhood Training*

Course Titles	Name–Sponsor/Trainer	Date-Course Completed	Number of Hours

*If applicable, please attach copies of past training certifications, licenses, transcripts, and any other information you feel would be valuable towards your job application in lieu of completing the table above.

Early Childhood Related Work Experience

A. Name-Employer: _____

Address (Street, City, State, Zip Code): _____

Phone Number: _____

Position Title: _____

Position Duties: _____

Number of Days Per Week Worked: _____

Reason for Leaving: _____

Dates Employed (mm/dd/yyyy): _____

B. Name-Employer: _____

Address (Street, City, State, Zip Code): _____

Phone Number: _____

Position Title: _____

Position Duties: _____

Number of Days Per Week Worked: _____

Reason for Leaving: _____

Dates Employed (mm/dd/yyyy): _____

C. Name-Employer: _____

Address (Street, City, State, Zip Code): _____

Phone Number: _____

Position Title: _____

Position Duties: _____

Number of Days Per Week Worked: _____

Reason for Leaving: _____

Dates Employed (mm/dd/yyyy): _____

Other Related Work Experience

A. Name-Employer: _____

Address (Street, City, State, Zip Code): _____

Phone Number: _____

Position Title: _____

Position Duties: _____

Number of Days Per Week Worked: _____

Reason for Leaving: _____

Dates Employed (mm/dd/yyyy): _____

B. Name-Employer: _____

Address (Street, City, State, Zip Code): _____

Phone Number: _____

Position Title: _____

Position Duties: _____

Number of Days Per Week Worked: _____

Reason for Leaving: _____

Dates Employed (mm/dd/yyyy): _____

Have you had a child care license or certification revoked? If "Yes", provide the date of revocation and the name and address of the licensing or certification agency. Yes No

Licensing or Certification Agency Name

Address (Street, City, State, Zip Code)

References

Provide the names of three (3) persons not related to you whom you have known in the last year.

Name	Address	Phone Number	Business	Years Acquainted

In case of an emergency, notify:

_____	_____
Name	Relationship
_____	_____
Address (Street, City, State, Zip Code)	Phone Number

I authorize investigation of all statement contained in this application. I understand that misrepresentation or omission of facts called for is case for dismissal. Further, I understand and agree that my employment is for no defined period and may, regardless of date of payment of my wage and salary, be terminated at any time without previous notice.

Signed: _____ Date: _____

For Office Use

Interviewed by: _____

Date: _____

Hired: Yes No

Position:

Start Date: _____

Front Desk Staff

Salary: _____

Program Assistant

Licensed Program Staff Member

Lead Licensed Program Staff Member