

Application for Employment

Applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the Boys & Girls Club of Hopkinsville-Christian County at (270) 887-4020.



BOYS & GIRLS CLUBS
OF HOPKINSVILLE
CHRISTIAN COUNTY

BOYS & GIRLS CLUB
OF HOPKINSVILLE
CHRISTIAN COUNTY
P.O. Box 1071
1600 S. Walnut St.
Hopkinsville, KY 42241

1. Position applied for _____ *(one per application)*

2. Social Security No. _____ *(Note: Completion of your Social Security No. is optional. Failure to submit it on this form will not prohibit employment consideration. Social Security No. may be required on other forms prior to employment.)*

3. Full legal name _____
Last First Middle

4. Home phone (____) _____

5. Address _____
City State Zip

6. Work phone (____) _____

7. Other phone (____) _____

8. E-mail _____

9. Are you 18 years old or older? _____

10. Education

Did you complete high school? _____ If not, do you have a high school equivalency diploma? _____
 Years of completed post high school education _____

Name & City of College or University	Hours	Degree Earned	Major or Specialty	Minor	Dates Attended
a. _____	_____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____	_____

If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

11. Experience – Starting with the most recent, describe all paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present employer? _____

Job Title _____ Employer _____ Address _____ _____ Phone _____ Type of business _____ Immediate supervisor _____ Title _____ Salary (start) _____ (finish) _____ Dates (mo/yr) _____ to (mo/yr) _____ Full-time _____ Part-time _____ Hours/week _____	Duties: _____ _____ _____ _____ _____ Number of employees you supervised _____ Equipment/software used _____ Reason for leaving _____
Job Title _____ Employer _____ Address _____ _____ Phone _____ Type of business _____ Immediate supervisor _____ Title _____ Salary (start) _____ (finish) _____ Dates (mo/yr) _____ to (mo/yr) _____ Full-time _____ Part-time _____ Hours/week _____	Duties: _____ _____ _____ _____ _____ Number of employees you supervised _____ Equipment/software used _____ Reason for leaving _____

Job Title _____ Duties: _____
 Employer _____
 Address _____

 Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment/software used _____
 Dates (mo/yr) _____ to (mo/yr) _____
 Full-time _____ Part-time _____ Hours/week _____ Reason for leaving _____

Job Title _____ Duties: _____
 Employer _____
 Address _____

 Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment/software used _____
 Dates (mo/yr) _____ to (mo/yr) _____
 Full-time _____ Part-time _____ Hours/week _____ Reason for leaving _____

Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: _____

Specify computer application software that you are proficient in: _____

License (to include driver's), certificate or other authorization to practice a trade or profession:

Type	License Number	Granted by (licensing board)
_____	_____	_____
_____	_____	_____

12. References

List names, addresses and phone numbers of three persons not related to you who know your qualifications

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. **Availability** - When will you be available to start work? Month _____ Day _____ Year _____

14. Certification - Each application requires current date and original signature

I hereby certify that all information provided on this application is true and complete, and I agree and understand that any falsification of information, regardless of time of discovery, may cause forfeiture on my part of any employment. I understand that all information on this application is subject to verification and I consent to criminal history background checks and drug testing. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize you to rely upon and use, as you see fit, any information received from such contacts.

Date _____ Applicant Signature _____

Submit this application for employment and your resume to:

Executive Director
 Boys & Girls Club of Hopkinsville-Christian County
 P.O. Box 1071
 Hopkinsville, KY 42241



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OF HOPKINSVILLE
CHRISTIAN COUNTY

Background Check Input Form

Candidate Information

Last Name	First Name
Middle Name	Name Suffix
Other Last Name	
Other First Name	
Other Middle Initial	<i>Warning: Criminal records will not be identified or returned if a Date of Birth is not provided and a Social Security Number is not included in a criminal record from the repository source.</i>
Sex	
SSN - -	Date of Birth / /
Street #	Street Name
Apt. #	City
State Kentucky	Zip
County	Phone #
DL State	
DL #	