



# Employment Application

Club Staff Applicants: Please return completed application to the Clubhouse you are seeking employment at, or [bgcscnewhire@gmail.com](mailto:bgcscnewhire@gmail.com)

<b>NAME</b>		<b>HOME PHONE</b>	
<b>CURRENT ADDRESS</b>		<b>PERMANENT ADDRESS</b>	
<b>CITY</b>		<b>CITY</b>	
<b>STATE</b>	<b>ZIP</b>	<b>STATE</b>	<b>ZIP</b>
<b>CELL PHONE</b>		<b>D.O.B</b>	<b>S.S. #</b>
<b>EMAIL</b>			

**NOTE:** Providing the following information is strictly voluntary and confidential. It allows us to better assess our community outreach and will not be used in any manner to make decisions or judgments regarding a prospective employee.

<b>GENDER</b>	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<b>RACE/ETHNICITY</b>
Have you ever been arrested?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> American Indian or Alaska Native
Have you ever been convicted of a crime?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Native Hawaiian or Pacific Islander
Are there any outstanding warrants against you?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Black or African American
Are you currently taking prescription medicine?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Hispanic or Latino
			<input type="checkbox"/> Other _____
Please list any mental or physical disability that would affect your ability to work in any capacity or special accommodations in our program: _____			

At which location are you seeking employment?

<input type="checkbox"/> <b>Northtown Clubhouse</b>	<input type="checkbox"/> <b>Lisa Stiles-Gyllenhammer Clubhouse</b>	<input type="checkbox"/> <b>BE GREAT Clubhouse</b>	<input type="checkbox"/> <b>Admin</b>
544 E. Providence Ave Spokane, WA 99207 (509)489-0741	12509 N. Market St. Mead, WA 99201 (509)368-9175	2900 1 <sup>st</sup> Ave Spokane, WA 99202 (509)536-8152	544 E. Providence Ave Spokane, WA 99207 (509)489-0741

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## CLUB STAFF APPLICANTS

<b>AVAILABILITY</b> Please fill in the days and times of availability to work.							<b>NOTE: Hours of Operation:</b>	
Available Start Date:							School Days:	3:00 – 7:00p.m.
							Half Days:	1:00 – 6:00p.m.
							Holidays/School Days Off	7:00a.m. – 6:00p.m.
							Saturday NT Only:	10:00a.m – 4:00p.m.
							Summer:	7:00a.m. – 6:00p.m.
<b>DAYS:</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>	<b>TOTAL HOURS</b>	
<b>TIMES:</b>								

What area(s) of programming interest you most?

<input type="checkbox"/> Education & Career Development	<input type="checkbox"/> Music/Performing Arts	<input type="checkbox"/> Mentoring
<input type="checkbox"/> The Arts	<input type="checkbox"/> Technology & Computers	<input type="checkbox"/> Nutrition
<input type="checkbox"/> Sports, Fitness & Recreation	<input type="checkbox"/> Teen Programs	<input type="checkbox"/> Health & Life Skills

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## EXPERIENCE

List any special skills, areas of knowledge and/or experience (including non-English languages):

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List any previous experiences (include name of organization) or experience working with youth:

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## EMPLOYMENT HISTORY

<b>COMPANY:</b>		<b>ADDRESS:</b>	
<b>SUPERVISOR'S NAME:</b>		<b>PHONE:</b>	
<b>START DATE:</b>		<b>END DATE:</b>	
<b>START PAY:</b>		<b>END PAY:</b>	
<b>POSITION:</b>		<b>May we contact this employer?:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Reason for leaving:</b>			
<b>COMPANY:</b>		<b>ADDRESS:</b>	
<b>SUPERVISOR'S NAME:</b>		<b>PHONE:</b>	
<b>START DATE:</b>		<b>END DATE:</b>	
<b>START PAY:</b>		<b>END PAY:</b>	
<b>POSITION:</b>		<b>May we contact this employer?:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Reason for leaving:</b>			
<b>COMPANY:</b>		<b>ADDRESS:</b>	
<b>SUPERVISOR'S NAME:</b>		<b>PHONE:</b>	
<b>START DATE:</b>		<b>END DATE:</b>	
<b>START PAY:</b>		<b>END PAY:</b>	
<b>POSITION:</b>		<b>May we contact this employer?:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Reason for leaving:</b>			

## EDUCATION

EDUCATION	NAME OF SCHOOL	# YEARS	DEGREE OBTAINED	SUBJECT STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS SCHOOL				

## REFERENCES (non-family)

Name:	Relationship:	Phone Number:

How did you learn about the Boys & Girls Clubs of Spokane County?

Are you eligible for State or Federal Work Study?  No  Yes (If yes, what is the name of your college/university?)

<b>NAME</b>	
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Are you a former member of a Boys & Girls Club?  No  Yes (If yes, what was the name and location of the Club?)

<b>NAME</b>	
<b>LOCATION</b>	

*This form grants the Boys & Girls Clubs of Spokane County permission to submit the information above to the local police departments and other appropriate agencies for a background check. The background check results will be released to the Boys & Girls Clubs of Spokane County to curb our parents concerns about adult supervision of the children in our programs and satisfy liability insurance requirements. All prospective employees are asked to complete this form, regardless of sex, race, color, creed or social status.*

<b>APPLICANT SIGNATURE</b>		<b>DATE</b>	
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## FOR OFFICE USE ONLY

Background check passed	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date Entered	
Employee Number		Staff Initials	