



Employment Application

Applicant Information

Full Name: _____ Date of Birth: ____/____/____
Last First Middle

Present Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Permanent Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Social Security No.: _____ Gender: ☐ Male ☐ Female ☐ Transgender ☐ Non-Binary
Full name, date of birth and social security number are required for the background check.

Position Applied for: _____

Voluntary Disclosure

Have you ever been arrested and/or charged with a crime? YES ☐ NO ☐ Have you ever been convicted of a crime? YES ☐ NO ☐

Are there any outstanding warrants against you? YES ☐ NO ☐ Are you able to carry out duties of position as outlined in job description? If No, identify potential needed accommodation(s). YES ☐ NO ☐

At which location are you seeking employment?

- ☐ Northtown Clubhouse ☐ Lisa Stiles-Gyllenhammer Clubhouse ☐ The Club at Keystone ☐ Administration
- 544 E. Providence Ave 13120 N. Pittsburg St. 612 S. McDonald Rd. 544 E. Providence Ave
Spokane, WA 99207 Spokane, WA 99208 Spokane Valley, WA 99216 Spokane, WA 99207
(509)489-0741 (509)368-9175 (509)489-0741 (509)489-0741

Club Staff Applicants: Please return completed application to the Clubhouse you are seeking employment at

Club Staff Applicants

AVAILABILITY				NOTE: General Hours of Operation:			
Please fill in the days and times of availability to work.							
Available Start Date: _____				School Days: 3:00 – 7:00p.m.			
				Half Days: 1:00 – 6:00p.m.			
				Summer/School Day Off: 7:00a.m. – 6:00p.m.			
DAYS:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
TIMES:							

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Previous Employment

Company: _____ Phone: _____

Address: _____

Job Title: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Program Interest

What areas of program interest you most:

- | | | |
|--|--|---|
| <input type="checkbox"/> Education and Workforce Development | <input type="checkbox"/> Music/Performing Arts | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Visual Arts | <input type="checkbox"/> Technology | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Sports, Fitness and Recreation | <input type="checkbox"/> Teen Programs | <input type="checkbox"/> Health and Life Skills |

Experience

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

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

References

Please list three professional (non-related) references.

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

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 Company: _____ Phone: _____
 Address: _____

Certifications

Certification		Expiration Date:
Driver's License	<input type="checkbox"/> No <input type="checkbox"/> Yes State: _____	
First Aid/CPR	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Food Handlers Permit	<input type="checkbox"/> No <input type="checkbox"/> Yes State/County: _____	
Other	<input type="checkbox"/> No <input type="checkbox"/> Yes	

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

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

NAME	
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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?)

NAME	
LOCATION	

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.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

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.

Race/Ethnicity

<input type="radio"/> American Indian or Alaska Native	<input type="radio"/> Asian
<input type="radio"/> Native Hawaiian or Pacific Islander	<input type="radio"/> White, or non-Hispanic
<input type="radio"/> Black or African American	<input type="radio"/> Two or more races
<input type="radio"/> Hispanic or Latino	<input type="radio"/> Don't Know
<input type="radio"/> Middle Eastern or North African	<input type="radio"/> Other: