



Returning 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?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever been convicted of a crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are there any outstanding warrants against you	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you able to carry out duties of position as outlined in job description? If No, identify potential needed accommodation(s).	YES <input type="checkbox"/>	NO <input type="checkbox"/>

At which location are you seeking employment?

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Northtown Clubhouse
544 E. Providence Ave
Spokane, WA 99207
(509)489-0741 | <input type="checkbox"/> Lisa Stiles-Gyllenhammer Clubhouse
13120 N. Pittsburg St.
Spokane, WA 99208
(509)368-9175 | <input type="checkbox"/> The Club at Keystone
612 S. McDonald Rd.
Spokane Valley, WA 99216
(509)489-0741 | <input type="checkbox"/> Administration
544 E. Providence Ave
Spokane, WA 99207
(509)489-0741 |
|---|---|---|--|

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

Club Staff Applicants

AVAILABILITY <i>Please fill in the days and times of availability to work.</i>				<i>NOTE: General Hours of Operation:</i>			
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:							

Recent Education History

College: _____ Address: _____

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

Other: _____ Address: _____

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

Recent Employment History

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

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

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

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:

Education and Workforce Development

Music/Performing Arts

Mentoring

Visual Arts

Technology

Nutrition

Sports, Fitness and Recreation

Teen Programs

Health and Life Skills

Recent Experience

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

New References

Please list two professional (non-related) references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Certifications

Certification		Expiration Date:
Drivers 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	

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

NAME _____

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