

DATE RECEIVED _____	INTERVIEW DATE _____
POSITION _____	DATE EMPLOYED _____

**Burkburnett Boys and Girls Club, Inc.**

We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital status, veteran status, the presence of a medical condition, disability, or any other legally protected status.

*An Equal Opportunity Employer.*

**EMPLOYMENT APPLICATION**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
                     Last                                      First                                      Middle

Present Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
                                     Street                                      City                                      Zip Code

Other address where you may be reached: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Position or Core Program for which you are applying:

Education \_\_\_\_\_ Social Recreation \_\_\_\_\_ Health & PE \_\_\_\_\_ Cultural Arts \_\_\_\_\_ Other \_\_\_\_\_  
 Any Available Position \_\_\_\_\_ Maintenance Positions \_\_\_\_\_

Type of Employment: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Summer \_\_\_\_\_ Management \_\_\_\_\_

If Applying for *Management* position, do you possess, or have the ability to pertain, a CDL Driver's License \_\_\_\_\_

Date available to begin work: \_\_\_\_\_

Have you previously applied for work with BBGC? \_\_\_\_\_ If yes, When? \_\_\_\_\_

Are you a former BBGC employee? \_\_\_\_\_ If yes, what position? \_\_\_\_\_ When? \_\_\_\_\_

Check highest level attained:

\_\_\_\_\_ Not a high school graduate (circle last grade completed) 1 2 3 4 5 6 7 8 9 10 11 12  
 \_\_\_\_\_ High school graduate                      \_\_\_\_\_ GED                      \_\_\_\_\_ Two or more years of college  
 \_\_\_\_\_ Bachelor's degree                      \_\_\_\_\_ Master's degree                      \_\_\_\_\_ Other \_\_\_\_\_

Licenses/certifications held (CPR, Lifeguarding, First Aid, etc.): \_\_\_\_\_

Schools attended: Please list all applicable information.

Name of School	City and State	Major	Diploma/Degree
High School:			
College or University:			
Trade School:			

Total number of college hours/GPA: \_\_\_\_\_

List any courses or workshops you have attended that relate to the job for which you are applying: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have experience teaching any of the following? Please check.  
\_\_\_\_ computers    \_\_\_\_ arts & crafts    \_\_\_\_ piano    \_\_\_\_ tutoring    \_\_\_\_ crafts    \_\_\_\_ guitar    \_\_\_\_ athletics  
\_\_\_\_ reading    \_\_\_\_ officiating    \_\_\_\_ choir    \_\_\_\_ education    \_\_\_\_ camping    \_\_\_\_ group clubs    billiards games \_\_\_\_\_  
\_\_\_\_ dramatics    \_\_\_\_ drug prevention    other: \_\_\_\_\_

Have you ever worked under a different name? \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Is any additional information relative to change of name, use of an assumed name, or nickname, necessary to enable a check on your work and education record? \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever worked with children in a paid or volunteer capacity? \_\_\_\_\_ If yes, please give **WHERE, WHEN AND IN WHAT CAPACITY:** \_\_\_\_\_  
\_\_\_\_\_

Do you have access to transportation to and from work? \_\_\_\_\_

Have you ever been fired from employment? \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Do you have a relative who is employed with BBGC? \_\_\_\_\_ If yes, please give the name of the relative and relationship \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of any misdemeanor, gross misdemeanor, or felony crimes against children or other persons?  
YES    NO    (Please Circle)

Have you ever been convicted of any crime involving the use, sale, manufacture, possession, or transportation of any controlled substance or prescription drug?                      YES    NO    (Please Circle)

Have you ever been convicted of any misdemeanor or felony crimes involving bodily harm to another person?  
YES    NO    (Please Circle)

Have you ever been convicted of any crime involving sexual activity or indecency?                      YES    NO    (Please Circle)

Have you ever been convicted of any crime, including misdemeanors?                      YES    NO    (Please Circle)

If yes to any of the above criminal convictions, PLEASE DESCRIBE IN FULL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES:** Give your references listing persons who have known you for a number of years and can provide information concerning your **character and background**. These may include your former teachers, principals, coaches, former employers, long-time friends, clergy, and community leaders.

NAME	OCCUPATION	ADDRESS (street, city, state, zip)	TELEPHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EMPLOYMENT HISTORY:** Please list all work history for the **PREVIOUS TEN YEARS**. During periods of non-employment, please indicate time period and if you were a student, volunteer or unemployed. If more space is needed, additional sheets may be attached.

1. Name and address of Company or Employer: \_\_\_\_\_

Name of supervisor(s): \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates you were employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

Position: \_\_\_\_\_ Duties and responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2. Name and address of Company or Employer: \_\_\_\_\_

Name of supervisor(s): \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates you were employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

Position: \_\_\_\_\_ Duties and responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

3. Name and address of Company or Employer: \_\_\_\_\_

Name of supervisor(s): \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates you were employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

Position: \_\_\_\_\_ Duties and responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

4. Name and address of Company or Employer: \_\_\_\_\_

Name of supervisor(s): \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates you were employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

Position: \_\_\_\_\_ Duties and responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Tell us briefly about yourself: your ambitions, qualifications, and reasons for seeking employment with the BBCG: \_\_\_\_\_

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**READ THE FOLLOWING CAREFULLY**

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge, and I understand that any deliberate falsification, misrepresentations, or omissions of fact may be grounds for rejection of application or dismissal from subsequent employment.

In order that the officials of the Burkburnett Boys & Girls Club may be fully informed as to my personal character and qualifications for employment, I refer to each of my former employers and to any other person who may have information concerning me, agreeing, as this information is furnished at my express request and for my benefit, I do hereby release them from any and all liability for damage of whatsoever nature on account of furnishing such information. I hereby authorize the party receiving this form to give full and complete information as may be requested by the Burkburnett Boys & Girls Club.

This application becomes property of the Burkburnett Boys & Girls Club. This organization reserves the right to accept or reject it. All information which becomes a part of this record may be revealed to all persons who participate in the selection of employees.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**TO THE APPLICANT**

Requirements of applicant for consideration of employment:

- 1. Submit one letter of recommendation with completed application.** Letter of recommendation may be from former employers, teachers, clergy, community leaders, and long-time friends. Please do not use relatives.
- 2. Submit with application, a photocopy of diploma, transcript, or grade report that verifies highest level of education attained.**
- 3. Application must be completed in its entirety with a signed release.**

Your application will be kept in our current file for six months. Return this application and address all communications to:

Executive Director or Unit Director  
Burkburnett Boys & Girls Club  
800 County Road  
Burkburnett, TX 76354  
940-569-2812

**BURKBURNETT BOYS & GIRLS CLUB  
CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK  
AUTHORIZATION/WAIVER/INDEMNITY**

I hereby give my permission in exchange for good and valuable consideration for the, Burkburnett Boys & Girls Club to obtain information relating to my criminal history record.

I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify and defend the Burkburnett Boys & Girls Club and each of their officers, directors, employees, and agents and hold them harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever (including claims for the negligence, gross negligence, and/or strict liability of the Burkburnett Boys & Girls Club), and any and all related attorney's fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/staff member.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

\_\_\_\_\_  
First Name                                  Middle                                  Last Name

\_\_\_\_\_  
Maiden Name or Other Names Used

\_\_\_\_\_  
Present Address

\_\_\_\_\_  
How long?

\_\_\_\_\_  
City                                  State                                  Zip

\_\_\_\_\_  
Former Address

\_\_\_\_\_  
How long?

\_\_\_\_\_  
City                                  State                                  Zip

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State of DL

Sex:     Male     Female  
          (Please Circle)

Race:     White     Black     Hispanic     Asian     Other  
          (Please Circle)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date