



BOYS & GIRLS CLUB
of Durant

APPLICATION FOR EMPLOYMENT

NAME _____ SOCIAL SECURITY NO. ____-____-____
(Last) (First) (Middle)

MAILING ADDRESS _____ PHONE ____-____
(Street) (City) (State) (Zip)

List any other names used if different from name on this application: _____

List exact title of position or type of work for which you wish to apply:

Do you have any relatives working for the Company? If so list names and relationships:

Full-Time Part-Time Summer Date available for work? _____

What days are you unable to work? _____

Current Driver's License # (if required for position) _____
(State) (Number)

Commercial Driver's License Yes No

Have you ever been convicted of a felony or subjected to a deferred adjudication of a felony charge, including a plea of no contest? Yes No If your answer is "Yes," explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case(s). A conviction may not disqualify you, but a false statement will.

Education (Note: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.) Indicate highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate from high school or receive GED? Yes No

Type of School	Name and Location of School	Dates Attended				Date Graduated		Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma Or Degree	Major/ Minor Fields Of Study
		From		To		Mo.	Yr.				
		Mo.	Yr.	Mo.	Yr.						
Colleges or Universities											
Graduate Schools											
Technical, Vocation, Or Business Schools											

AN EQUAL OPPORTUNITY EMPLOYER

Special Training/Skills/Qualifications: List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphic equipment, computer equipment, types of software and hardware. (Attach additional page if necessary.)

It is important for you to furnish a detailed statement of your work history. Use a separate block for each position. List first your present or last employer and work back. Account for all periods of unemployment. If additional space is needed, attach a separate sheet.

Position Title: Employer: Mailing Address: City & State/Zip Employer's Telephone No. ()						Immediate Supervisor Name: Title:		Full Time <input type="checkbox"/>
								Part-Time <input type="checkbox"/>
								Summer <input type="checkbox"/>
								Temp/Project <input type="checkbox"/>
Starting Date			Leaving Date			Current/Final Salary	Technical <input type="checkbox"/>	Supervisor's Telephone No.: AC () If supervisory, number of employees you supervised:
Mo.	Day	Yr.	Mo.	Day	Yr.		Non/Managerial <input type="checkbox"/>	
						\$	Supervisory/Managerial <input type="checkbox"/>	
Summary of Experience:								
Specific Reason for Leaving:								

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Mo.	Day	Yr.	Mo.	Day	Yr.		Non/Managerial <input type="checkbox"/>	
						\$	Supervisory/Managerial <input type="checkbox"/>	
Summary of Experience:								
Specific Reason for Leaving:								

Give at least three references other than relatives or supervisors listed above.

Name	Present Address	Telephone	Known how long?
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