



**BOYS & GIRLS CLUB**  
OF SPOKANE COUNTY

## Application for Employment

Name \_\_\_\_\_

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

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ e-mail \_\_\_\_\_

Position you are applying for \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_

Are you eligible for State or Federal Work Study: Yes \_\_\_\_\_ No \_\_\_\_\_

Days and Hours available for work: \_\_\_\_\_

Date you can start work: \_\_\_\_\_

HAVE YOU WORKED FOR BOYS AND GIRLS  
CLUBS BEFORE?

Yes \_\_\_ No \_\_\_

DO YOU HAVE A CURRENT WASHINGTON  
STATE DRIVERS LICENSE?

Yes \_\_\_ No \_\_\_

ANY TRAFFIC VIOLATIONS IN THE LAST  
3 YEARS?

Yes \_\_\_ No \_\_\_

HAVE YOU EVER BEEN CONVICTED OF  
A FELONY?

Yes \_\_\_ No \_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**EDUCATION:**

	Name of School	# of Years	Graduate?	Subjects Studied
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
TRADE OR BUSINESS SCHOOL	_____	_____	_____	_____

**EMPLOYMENT HISTORY:** (Start with present or last position)

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Position Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Last Salary: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Position Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Last Salary: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Position Title: \_\_\_\_\_





## Employment Background Check

This form grants the Boys & Girls Clubs of Spokane County permission to submit the information below 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 the Spokane County to curb our parents concerns about adult supervision of the children in our programs and satisfy liability insurance requirements. All prospective volunteers are asked to complete this form, regardless of sex, race, color, creed or social status.

**(Please print all information)**

NAME _____	SS# _____
First                    Last                    Middle	
ADDRESS _____	
CITY _____ STATE _____ ZIP CODE _____	
PHONE _____ EMAIL _____	
GENDER _____ BIRTHDATE ____/____/____ BIRTHPLACE _____	

Why are you interested in working for the Club? \_\_\_\_\_

Have you ever been arrested?                      \_\_\_NO \_\_\_ YES, for \_\_\_\_\_

Have you ever been convicted of a crime?                      \_\_\_NO \_\_\_ YES, for \_\_\_\_\_

Are there any outstanding warrants against you?                      \_\_\_NO \_\_\_ YES, for \_\_\_\_\_

Are you currently taking prescription medicine?                      \_\_\_NO \_\_\_ YES, for \_\_\_\_\_

Please list any mental or physical disability that would impact you ability to serve as a volunteer in any capacity or special accommodations in our program: \_\_\_\_\_

In signing this form you agree that the information provided above is accurate to the best of your knowledge. You also agree to remain within the scope of the Boys & Girls Clubs programs. Inappropriate language or physical contact with a member for any reason is unacceptable and will result in an immediate dismissal of duty.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Club Director Signature \_\_\_\_\_ Date \_\_\_\_\_