

Boys & Girls Clubs of Central Illinois

300 South Fifteenth Street

P.O. Box 2592

Springfield, IL 62708

217-544-0548 * Fax 217-544-4007

DATE: _____

**EMPLOYMENT APPLICATION - An Equal Opportunity Employer****GENERAL INFORMATION**

NAME (LAST) _____ (FIRST) _____ MIDDLE INITIAL _____

OTHER NAMES USED: _____

PRESENT ADDRESS: _____

ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

TELEPHONE: Include Area Code _____

ARE YOU AT LEAST 18 YEARS OF AGE _____

YES _____

NO _____

ARE YOU A UNITED STATES CITIZEN: _____ YES _____ NO

IF NOT, ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? _____ YES _____ NO

IF YOU ARE A RESIDENT ALIEN, PLEASE GIVE YOUR ALIEN NUMBER OR PRESENT YOUR RESIDENT ALIEN CARD: _____

HOW WERE YOU REFERRED TO THE BOYS & GIRLS CLUB OF SPRINGFIELD? _____

WERE YOU PREVIOUSLY EMPLOYED BY ANY BOYS & GIRLS CLUB? _____ YES _____ NO

IF YES, GIVE YOUR POSITION AND CLUB LOCATION: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? _____ YES _____ NO

If yes, please explain: _____

Note: B&GCS checks criminal record of all new employees

POSITION APPLIED FOR

POSITION: _____

SALARY REQUIRED: _____

DATE AVAILABLE: _____

EDUCATION**HIGH SCHOOL:**

NAME & LOCATION _____

MAJOR _____

GRADUATE?

YES / NO _____

DEGREE _____

COLLEGE OR UNIVERSITY

NAME & LOCATION _____

MAJOR _____

GRADUATE?

YES / NO _____

DEGREE _____

OTHER SCHOOLS, MILITARY, ETC.

NAME & LOCATION _____

MAJOR _____

GRADUATE?

YES / NO _____

DEGREE _____

WORK EXPERIENCE

START WITH CURRENT OR LAST EMPLOYER FIRST - (IF RESUME IS ATTACHED, COMPLETE ALL SECTIONS EXCEPT DUTIES AND RESPONSIBILITIES)

COMPANY NAME:		YOUR TITLE:		
COMPANY ADDRESS(Street name & number)		CITY	STATE	ZIP CODE
START DATE:	END DATE:	STARTING SALARY:	ENDING SALARY:	
SUPERVISORS NAME:		SUPERVISORS TITLE:		TELEPHONE NUMBER:
BRIEF DESCRIPTION OF DUTIES AND RESPONSIBILITIES:				
REASON FOR LEAVING:				
COMPANY NAME:		YOUR TITLE:		
COMPANY ADDRESS(Street name & number)		CITY	STATE	ZIP CODE
START DATE:	END DATE:	STARTING SALARY:	ENDING SALARY:	
SUPERVISORS NAME:		SUPERVISORS TITLE:		TELEPHONE NUMBER:
BRIEF DESCRIPTION OF DUTIES AND RESPONSIBILITIES:				
REASON FOR LEAVING:				
COMPANY NAME:		YOUR TITLE:		
COMPANY ADDRESS(Street name & number)		CITY	STATE	ZIP CODE
START DATE:	END DATE:	STARTING SALARY:	ENDING SALARY:	
SUPERVISORS NAME:		SUPERVISORS TITLE:		TELEPHONE NUMBER:
BRIEF DESCRIPTION OF DUTIES AND RESPONSIBILITIES:				
REASON FOR LEAVING:				
COMPANY NAME:		YOUR TITLE:		
COMPANY ADDRESS(Street name & number)		CITY	STATE	ZIP CODE
START DATE:	END DATE:	STARTING SALARY:	ENDING SALARY:	
SUPERVISORS NAME:		SUPERVISORS TITLE:		TELEPHONE NUMBER:
BRIEF DESCRIPTION OF DUTIES AND RESPONSIBILITIES:				
REASON FOR LEAVING:				

CLERICAL SKILLS - please indicate below what skills you possess:

CAN YOU TYPE:	_____ YES	_____ NO	WORDS PER MINUTE:	_____
WORD PROCESSING:	_____ YES	_____ NO	PROGRAM USED:	_____
DICTION:	_____ YES	_____ NO	WORDS PER MINUTE:	_____

OFFICE MACHINES YOU CAN OPERATE AND SOFTWARE USED:

DO YOU HAVE A VALID DRIVER'S LICENSE? _____ IF YES, FROM WHICH STATE? _____

ARE YOU WILLING & ABLE TO DRIVE A PASSENGER VAN? _____

EXPLAIN IN DETAIL WHY YOU FEEL YOU ARE QUALIFIED FOR THIS POSITION. IF POSITION INVOLVES WORKING DIRECTLY WITH YOUTH, ALSO EXPLAIN WHAT QUALIFIES YOU TO SERVE AS A POSITIVE ROLE MODEL AND HOW YOU COULD CONTRIBUTE TO THE CHARACTER DEVELOPMENT OF YOUTH.

LIST ANY OTHER SKILLS OR INTERESTS THAT YOU FEEL YOU COULD CONTRIBUTE TO THE BOYS & GIRLS CLUB OF SPRINGFIELD (EXAMPLE: ARTISTIC TALENTS, SPORTS, PHOTOGRAPHY, ETC.)

CAN YOU PERFORM THIS JOB (AS DETAILED VERBALLY OR IN THE JOB DESCRIPTION) WITH OR WITHOUT A REASONABLE ACCOMMODATION? _____ IF NO, PLEASE EXPLAIN WHAT ACCOMMODATIONS YOU WOULD REQUIRE:

REFERENCES
PLEASE GIVE THREE PERSONAL REFERENCES

(NOT RELATED OR EMPLOYER OR FORMER EMPLOYER)

NAME:	_____
ADDRESS:	_____
CITY/STATE/ZIP	_____
TELEPHONE NUMBER:	_____
ASSOCIATION:	_____
KNOWN FOR HOW MANY YEARS:	_____
NAME:	_____
ADDRESS:	_____
CITY/STATE/ZIP	_____
TELEPHONE NUMBER:	_____
ASSOCIATION:	_____
KNOWN FOR HOW MANY YEARS:	_____
NAME:	_____
ADDRESS:	_____
CITY/STATE/ZIP	_____
TELEPHONE NUMBER:	_____
ASSOCIATION:	_____
KNOWN FOR HOW MANY YEARS:	_____

I authorize Boys & Girls Clubs of Springfield (BGCS) to investigate all statements in this application and to secure any necessary information from all employers, references, academic institutions, and the court system. I hereby release all of those employers, references, academic institutions, and the B&GCS from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with BGCS. I understand that my offer of employment is contingent upon receipt of satisfactory reports concerning my academic credentials, employment references, and personal references.

I further understand that any false or misleading statements will be sufficient cause for rejection of my application if BGCS has not employed me or immediate dismissal if BGCS has employed me. I also authorize BGCS to supply information about employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having legal and proper interest, and I hereby release BGCS from any and all liability for its providing this information.

I understand that nothing in this employment application, in BGCS's policy statements or personal guidelines, or in my communications with any BGCS official is intended to create an employment contract between BGCS and me. I also understand that BGCS has the right to modify its policies without giving me any notice of changes. No promises regarding employment have been made to me. I understand that if an employment relationship is established, I have the right to terminate my employment at any time for any reason. I also understand the BGCS retains the right to terminate my employment at any time for any reason.

I hereby acknowledge that upon employment or as a requirement for employment, that I may be required to submit to a criminal record check, physical exam and/or a psychological exam, and/or drug testing at the expense of the BGCS.

I hereby acknowledge that I have read and understand the preceding statements.

Signature

Date

EQUAL OPPORTUNITY EMPLOYER: Qualified applicants receive consideration for employment without discrimination because of age, sex, religion, marital status, race, color, creed, national origin, or disability.

Boys and Girls Clubs of Central Illinois Background Check

Date _____

First Name _____ Middle Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth _____

Social Security Number _____

Gender Male _____ Female _____

Race _____

Please read the statement below and sign form to authorize background check.

According to my signature of the employment/volunteer application for the Boys and Girls Clubs of Central Illinois, and the statements on the before mentioned documents, I do authorize the Boys and Girls Clubs of Central Illinois to conduct the necessary inquires for employment/volunteering.

Potential Employee/Volunteer Signature _____ Dated _____

AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)

For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name: _____
Last First Middle

Date of Birth: _____ Gender (circle): Male Female Race: _____

Current Address: _____
Street/Apt #

City State Zip Code

List all addresses at which you have resided in the past five years:

List maiden name and/or all other names by which you have been known: (last, first, middle)

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Mail this request to:
Department of Children and Family Services
406 E. Monroe – Station # 30
Springfield, IL 62701

Signed Date

Please type, use bold letters or label:

(Agency Name)
(Contact Person)
(Address)
(City/State/Zip)

