



**APPLICATION FOR EMPLOYMENT  
(EQUAL OPPORTUNITY EMPLOYER)  
ANSWER ALL QUESTIONS COMPLETELY**

**PERSONAL DATA**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First MI  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Are You Age 16 or Over? Yes _____ No _____	Are You A Veteran? Yes _____ No _____	Dates of Military Service From _____ To _____
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Are you authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (If hired, you will be required to furnish proof of your employment eligibility)  
 Other names used during prior employment \_\_\_\_\_

**GENERAL INFORMATION**

Position Desired \_\_\_\_\_ Acceptable Salary Range \_\_\_\_\_  
 Full time \_\_\_\_\_ Part time \_\_\_\_\_ Temporary \_\_\_\_\_ Notice Required \_\_\_\_\_  
 Date Available \_\_\_\_\_  
 If applying for seasonal work, are you available for work during the school year? Yes \_\_\_ No \_\_\_  
 Have you previously worked for Boys & Girls Clubs? Yes \_\_\_ No \_\_\_  
 If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_  
 Have you ever pleaded guilty or been convicted of a criminal offense? Yes \_\_\_ No \_\_\_  
 If yes, give dates and circumstances. \_\_\_\_\_  
 Is there any reason that you would be prevented from performing the essential functions of the position for which you are applying? Yes \_\_\_ No \_\_\_ Explain \_\_\_\_\_  
 Have you ever failed to be re-employed, been involuntarily discharged, fired, or asked to resign a position? Yes \_\_\_ No \_\_\_ If yes, explain and give dates \_\_\_\_\_

**EDUCATION**

	<b>Name Of School</b>	<b>Dates Attended</b>	<b>Courses Taken</b>	<b>Degree or Certificates</b>
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High School		From _____ To _____		
College		From _____ To _____		
College		From _____ To _____		
Other		From _____ To _____		

**SPECIAL SKILLS**

Describe any volunteer work, other experience, training, interest, or honors received in connection with your service to any organization, which you consider relevant to your ability to perform the job sought.

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List any current special license (s), permit (s), certification (s), and level or credited hours:

Examples: CPR, Lifeguard Training, First Aid

Type	Level	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EMPLOYMENT** List all positions you have held, beginning with most recent employment, and including self-employment and volunteer work.

Current, or last employer \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_  
 Address \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Position Held \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
 List major duties of this position \_\_\_\_\_  
 Reason (s) for leaving \_\_\_\_\_  
 May we contact this employer? Yes \_\_\_ No \_\_\_

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Current, or last employer \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_  
 Address \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Position Held \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
 List major duties of this position \_\_\_\_\_  
 Reason (s) for leaving \_\_\_\_\_  
 May we contact this employer? Yes \_\_\_ No \_\_\_

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Current, or last employer \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_  
 Address \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Position Held \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
 List major duties of this position \_\_\_\_\_  
 Reason (s) for leaving \_\_\_\_\_  
 May we contact this employer? Yes \_\_\_ No \_\_\_

**PERSONAL REFERENCES**

Name	Address/Phone	Business Name/Phone	Position /Occupation	Time Known

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**BACKGROUND INFORMATION**

In a good faith effort by the Boys & Girls Club of Topeka, to ensure a healthy and safe environment for our youth activities and programs and so that the Boys & Girls Club may comply with K.S.A. 65-516, which prohibits us from employing certain persons in a facility that cares for children.

Have you ever:

1. Had a felony conviction under the controlled substance act? No \_\_\_\_\_ Yes \_\_\_\_\_ Date \_\_\_\_\_  
Name of person \_\_\_\_\_ State and County of court action \_\_\_\_\_
2. Had a misdemeanor or felony conviction of a crime against persons, a sexual offense, a crime affecting family relationships or children? No \_\_\_\_\_ Yes \_\_\_\_\_ Date \_\_\_\_\_
3. Been adjudicated (found or determined in a court of law to be) a juvenile offender, delinquent, or miscreant, because of having committed an act which, if committed by an adult, would be a felony? No \_\_\_\_\_ Yes \_\_\_\_\_ Date \_\_\_\_\_
4. Committed physical, mental, sexual, or emotional abuse or neglect as validated by SRS? No \_\_\_\_\_ Yes \_\_\_\_\_ Date \_\_\_\_\_
5. Had a child declared, in a court, to be deprived, or in need of care based on allegation of physical, mental or emotional abuse. No \_\_\_\_\_ Yes \_\_\_\_\_ Date \_\_\_\_\_
6. Had parental rights terminated? No \_\_\_\_\_ Yes \_\_\_\_\_ Date \_\_\_\_\_
7. Signed a Diversion agreement involving child abuse or a sexual offense? No \_\_\_\_\_ Yes \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby request and authorize the Kansas Bureau of Investigation to furnish the above named company with criminal history record information as described in K.S.A. 22-4701 (b). I voluntarily waive all rights of recourse and release the Boys & Girls Club of Topeka and Research Information Services from liability for compliance with this authorization

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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

Current Address \_\_\_\_\_  
Street City State Zip

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make nay agreement contrary to the forgoing, unless it is in writing and signed by an authorized company representative.”

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

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

<b>OFFICE USE—BACKGROUND CHECKS</b>	
Date of Initial Check _____	Date of Follow-up _____
Approved _____	Declined _____
Signature _____	Date _____

