APPLICATION FORM

	DATE:		
	Position Desired:		
	DATE AVAILABLE: INTERVIEWED BY:		
BOYS & GIRLS CLUB OF SOUTHEAST GEORGIA, Inc.			
NAME (FIRST) (MIDDLE)	(LAST)	Spouse's Name	
HOME ADDRESS		HOME PHONE	
BIRTH DATE		SOCIAL SECURITY NUMBER	
If you are under age 18, can yo	ou submit a work permi	it if hired?	
If you are not a US citizen, do	you have a Visa to wor	k in the US?	
If yes, what kind of Visa classi Visa Registration No.:		Expiration Date:	
Place	Dates	Diploma/Cert/Degree	
Elementary:		1	
Secondary:			
College:			
*Attach documentation of qua	ifying advection		
	dren (indicate ages of o	children, your duties, dates you worked in this	
*Attach documentation of experience	erience working with c	hildren	
Have you attended/completed any childcare training courses? Yes No			
If Yes, List:			

10-YEAR EMPLOYMENT HISTORY. BEGIN WITH **YOUR MOST CURRENT** OR LAST EMPLOYER. IF YOU HAVE BEEN UNEMPLOYED DURING ANY TIME WITHIN THE PAST10-YEARS, LIST HOW YOU SPENT YOUR TIME, (e.g, student, housewife, unemployed, etc.)

Month/Year	Name and Address of Employer	Position
From: To:		
From: To:		
From: To:		
	ous employers?	
	al record? Yes No	
investigation or other or to have subjected misconduct? Yes Under the American accommodate individe the application process.	shown by credible evidence, e.g., a court of reliable evidence to have abused, neglect any person to serious injury as a result of No	rder or jury, a department ted or deprived a child or adult intentional or grossly negligent rogram is required to reasonably mmodation requirement applies to and actual employment, but ONLY
require accommodation	ons, you may request it at ANY time during the program director of your needs IF it will	ng the interview process. You are
•	description for the position for which you are form the duties as described?	re applying, are you in all respects,
	:	
Do you have a valid d If yes, give license nu	driver's license? Yes No	
Have you had CPR tra	aining within the past two years? Yes	No

Have you had first aid training within the past three years	s? Yes No
If Yes, give expiration date:	
Department of human resources requires annual childcare	e training. Are you willing to participate?
Yes No	
I certify that all information on this application is correct concerning my qualification requirements.	. I have not given any false statement
Signature	Date