



**BOYS & GIRLS CLUBS
OF BAY COUNTY**

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME (LAST NAME, FIRST MIDDLE)	D.O.B.	SOCIAL SEC. NO.	DRIVER LICENSE NO.
PRESENT ADDRESS	CITY	STATE	ZIP
PERMANENT ADDRESS	CITY	STATE	ZIP
HOME PHONE NUMBER	CELL PHONE NUMBER	REFERRED BY	

EMPLOYMENT INFORMATION

POSITION APPLYING FOR	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED ____ YES ____ NO	IF SO MAY WE CONTACT YOUR PRESENT EMPLOYER ____ YES ____ NO	
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? ____ YES ____ NO	WHERE?	WHEN?

FORMER EMPLOYER

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

EDUCATION: STARTING WITH LAST ONE FIRST

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

P. O. Box 914, Panama City, FL 32402
Office (850) 763-3546 Fax (850) 763-8445

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/ RESEARCH WORK OR SPECIAL TRAINING SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

**REFERENCES: GIVE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN
AT LEAST ONE YEAR**

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

AUTHORIZATION:

"I AUTHORIZE 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 WILL 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 THAT 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 ANY AGREEMENT CONTRARY TO THE FORGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

SIGNATURE _____ **DATE** _____

INTERVIEWED BY _____ **DATE** _____

DO NOT WRITE BELOW THIS LINE

REMARKS

APPROVED: _____
MANAGER NAME
SIGNATURE