

BGCSLC EMPLOYMENT APPLICATION

(Please type or print)

Date_____

Last Name of Applicant_____

Middle Name_____

First Name_____

Social Security # (required for background check) _____

Mailing Address_____

Physical Address_____

City_____ State_____ Zip Code_____

Home phone_____ Alternate phone_____

Previous Work Experience:

Employer_____

Occupation_____

Length of Employment_____

Reason for Leaving_____

Employer_____

Occupation_____

Length of Employment_____

Reason for Leaving_____

Please provide four personal references (other than family members):

1. Name _____ Telephone _____ Relationship _____

Address _____ City _____ State _____ ZIP _____

2. Name _____ Telephone _____ Relationship _____

Address _____ City _____ State _____ ZIP _____

3. Name _____ Telephone _____ Relationship _____

Address _____ City _____ State _____ ZIP _____

4. Name _____ Telephone _____ Relationship _____

Address _____ City _____ State _____ ZIP _____

List experience, skills or hobbies that you feel would be pertinent to working with our youth:

Additional Comments:

(This application is valid for a period of 30 days.)

(Signature)