



**BOYS & GIRLS CLUB  
OF DANVILLE**

Boys & Girls Club of Danville  
Mervis Unit  
850 North Griffin Street  
Danville, IL 61832-3306  
Phone: 217.446.4315  
Fax: 217.446.6885  
www.bgcdnv.org

**CLASSIFIED APPLICATION  
FOR EMPLOYMENT**

**NOTE:** All portions of the application must be completed in order to be considered a qualified applicant even if a resume is attached.

**PLEASE PRINT OR TYPE**

Today's Date: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last Name
First Name
Middle Initial

STREET ADDRESS: \_\_\_\_\_ Apt. No \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE NUMBERS: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_-\_\_\_\_-\_\_\_\_

DRIVER'S LICENSE/STATE I.D.: \_\_\_\_-\_\_\_\_-\_\_\_\_ STATE \_\_\_\_ EXPIRES \_\_\_\_/\_\_\_\_/\_\_\_\_

**PREVIOUS ADDRESS** (Past four years, if different from current address)

STREET ADDRESS: \_\_\_\_\_ Apt. No \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_

**CHECK ONE:**

FULL-TIME       PART-TIME       TEMPORARY       OTHER

AVAILABLE HOURS: \_\_\_\_\_ UNAVAILABLE HOURS: \_\_\_\_\_

Pursuant to the Immigration Reform and Control Act of 1986, upon employment can you provide documentation of proof of citizenship or authorization to work in the United States?      \_\_\_ YES \_\_\_ NO

Have you ever been convicted of a felony?      \_\_\_ YES \_\_\_ NO

If yes, when? \_\_\_\_\_ Explain: \_\_\_\_\_

Have you ever been convicted of a misdemeanor categorized as a "sex offense"?      \_\_\_ YES \_\_\_ NO

If yes, when? \_\_\_\_\_ Explain: \_\_\_\_\_

Have you ever been convicted of a misdemeanor categorized as a "controlled substance offense"?      \_\_\_ YES \_\_\_ NO

If yes, when? \_\_\_\_\_ Explain: \_\_\_\_\_

Have you ever been indicated for child abuse and/or neglect?      \_\_\_ YES \_\_\_ NO

If yes, when? \_\_\_\_\_ Explain: \_\_\_\_\_

**EDUCATION LIST ~ MOST RECENT FIRST**

SCHOOL (Name, Address, City, State)                      COURSE OF STUDY                      DEGREE OR DIPLOMA

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**REFERENCES**

Please list three references of individuals who have knowledge of your work experience (do not include relatives).

1. \_\_\_\_\_

Name	Occupation
Business	Telephone Number
Address	City                      State                      Zip

2. \_\_\_\_\_

Name	Occupation
Business	Telephone Number
Address	City                      State                      Zip

3. \_\_\_\_\_

Name	Occupation
Business	Telephone Number
Address	City                      State                      Zip

**PERSONAL REFERENCES**

Please list two personal references of individuals who have known you for at least three years (do not include relatives).

1. \_\_\_\_\_

Name	City	State	Zip
Address	Relationship		
Telephone Number			

2. \_\_\_\_\_

Name	City	State	Zip
Address	Relationship		
Telephone Number			

**EMPLOYMENT EXPERIENCE**

Start with your current job or most recent job. Include military assignments and other volunteer activities.  
Exclude organizational names, which indicate race, color, religion, sex, or national origin

Employer 1 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Job Title \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly Rate \_\_\_\_\_

Duties of Position \_\_\_\_\_

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Employer 2 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Job Title \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly Rate \_\_\_\_\_

Duties of Position \_\_\_\_\_

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Employer 3 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Job Title \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly Rate \_\_\_\_\_

Duties of Position \_\_\_\_\_

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Use the space below to summarize any additional knowledge, skills and/or abilities, which you feel necessary to describe your full qualifications (e.g., use of typewriter, computer, software programs or any other office equipment).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any state licenses, certificates or permits you hold that are applicable to this position.

\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT'S CERTIFICATION AND AGREEMENT: PLEASE READ CAREFULLY**

I HEREBY CERTIFY that all statements made herein are true and correct to the best of my knowledge and authorize investigation of all statements herein recorded. I release from all liability persons and organizations reporting information regarding this application. I understand that, if employed, falsified statements on this application shall be considered cause for dismissal.

In order to be considered for employment at the Boys and Girls Club of Danville, I further consent to and must successfully pass mandatory drug screening.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

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



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**CLASSIFIED AUTHORIZATION  
FOR BACKGROUND CHECK**

I, \_\_\_\_\_ authorize the *Boys & Girls Club of*  
Name of Applicant (Please Print)

*Danville* to conduct a background investigation to determine whether I have ever been charged with a crime and, if so, the disposition of those charges.

I further authorize the Danville Police Department or any and all local, county, federal or state law enforcement agencies, and the Department of Children and Family Services (DCFS) to assist in this background investigation and provide the *Club* with pertinent information in regard to my contact with the law.

This Authorization for Background Check is given as part of my Screening/Application process required to become an employee of the *Boys & Girls Club of Danville* and is limited to that purpose.

I understand that by signing this Authorization for Background Check, I am approving the release of otherwise confidential information. Further, I can make no claims against the *Boys & Girls Club of Danville*, Department of Children and Family Services, (DCFS), nor the Danville Police Department or any and all local, county, federal or state law enforcement agencies in terms of breach of confidentiality.

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
City State Zip Code

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Year

Telephone No. (\_\_\_\_) \_\_\_\_\_

Race: \_\_\_\_\_

Social Security No.: \_\_\_\_-\_\_\_\_-\_\_\_\_

Sex: (M) \_\_\_\_ (F) \_\_\_\_

Driver's License No.: \_\_\_\_-\_\_\_\_-\_\_\_\_ - - - - -

State Issued \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Executive Director

Subscribed to before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

SEAL

# EMPLOYER REQUEST FOR HIGH SCHOOL STUDENT TRANSCRIPT

## Part I: Employer Information (To be completed by the employer)

|                                                                                                                                                     |                                                                                             |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| 1. Job Title                                                                                                                                        | 2. Employment Type<br><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | 3. Employment Duration<br><input type="checkbox"/> Permanent <input type="checkbox"/> Temporary |
| 4. Position Classification (check one only)<br><input type="checkbox"/> Regular <input type="checkbox"/> Apprentice <input type="checkbox"/> Intern | 5. New Position<br><input type="checkbox"/> Yes <input type="checkbox"/> No                 | 6. Employer's Primary Business<br><br>Non-Profit/Club                                           |
| 7. Employer Mailing Address<br><br>850 N. Griffin Street<br>Danville, Illinois 61832                                                                |                                                                                             |                                                                                                 |
| 8. HRM/Personnel Manager Name:<br>Robert Gifford                                                                                                    |                                                                                             | Work Phone:<br>217-446-4315 x11                                                                 |

## Part II: Student Identification (To be completed by the student/applicant)

|                                                                                                  |                            |                                                                              |
|--------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------|
| 9. Last Name                                                                                     | 10. First Name             | 11. MI                                                                       |
| 12. Former/Maiden Name                                                                           | 13. Social Security Number | 14a. Age                                                                     |
| 14b. Date of Birth (mm/dd/yyyy)                                                                  | 15a. Home Phone/Cell Phone | 15b. Work Phone                                                              |
| 16. Graduation Status<br><input type="checkbox"/> Graduate <input type="checkbox"/> Non-Graduate | 17. Last Year in School    | 18. High School(s) Attended<br>Name <span style="float: right;">Years</span> |
| 19. Student Mailing Address                                                                      |                            |                                                                              |
| Name:                                                                                            |                            | _____                                                                        |
| Street Address:                                                                                  |                            | _____                                                                        |
| City, State, Zip:                                                                                |                            | _____                                                                        |
| 20. Father's Name or Guardian (first, middle, last)                                              |                            | 21. Mother's Name or Guardian (first, middle, last)                          |

## Part III: School Authorization (To be completed by school official)

|                                                                                                                                                                                                        |                                      |                               |                        |                        |            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------|------------------------|------------------------|------------|
| 22. Date Received                                                                                                                                                                                      | 23. Records Custodian/Register Name: | 24. School District Telephone |                        |                        |            |
| 25. Academic Summary of High School Performance                                                                                                                                                        |                                      |                               |                        |                        |            |
|                                                                                                                                                                                                        | 9 <sup>th</sup> Grade                | 10 <sup>th</sup> Grade        | 11 <sup>th</sup> Grade | 12 <sup>th</sup> Grade | Cumulative |
| GPA                                                                                                                                                                                                    |                                      |                               |                        |                        |            |
| Class Rank                                                                                                                                                                                             |                                      |                               |                        |                        |            |
| Days Absent                                                                                                                                                                                            |                                      |                               |                        |                        |            |
| Days Tardy                                                                                                                                                                                             |                                      |                               |                        |                        |            |
| 26. Verification of Status: <input type="checkbox"/> Graduate <input type="checkbox"/> Non-Graduate <input type="checkbox"/> Diploma Granted <input type="checkbox"/> Certificate of Completed Granted |                                      |                               |                        |                        |            |

## Part IV: School Address & Applicant Authorization (To be completed by student/applicant)

|                                                                                   |                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 27. School or District Office Mailing Address<br><br>School Name:<br><br>Address: | 28. Student or Applicant Authorization<br>I authorize the school or its representative named in this application to issue my school transcripts to the company or its representative also named in this application.<br><br>_____<br>Student/Guardian/Applicant Signature<br><br>_____<br>Date |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



**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.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Please type, use bold letters or label:

**Boys & Girls Club of Danville**  
**Robert Gifford**  
**850 N. Griffin Street**  
**Danville, Illinois 61832**

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

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

