



**BOYS & GIRLS CLUBS
OF NEWPORT COUNTY**

95 Church Street
Newport, Rhode Island 02840
[401]847-6927
www.bgcnewport.org

EMPLOYMENT APPLICATION

Position Desired: _____ Date: _____

Name: _____

Address: _____

Telephone: _____ Social Security: _____

Are you currently employed? Yes No

Name, Address & Telephone # of present employer: _____

May we contact your present employer? Yes No

Driver's License # and Class: _____

High School attended: _____

Attended from: _____ Attended to: _____

College attended: _____

Attended from: _____ Attended to: _____

Date of graduation: _____

Are you fluent in any foreign language? Yes No

If yes, please list which language: _____

Licenses or certificates that you currently hold: [please provide copies]

Chauffeurs License

CDL License

First Aid

CPR

Lifeguard

State Lifeguard Certificate

Food Handler's License

Other [please explain below]

Have you ever been convicted of a crime; including drugs, sex-related or child abuse related offenses?

Yes No

If you answered yes, please explain: _____

Please list three references that we may contact regarding your character:

Name	Address	Telephone
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_____	_____	_____
_____	_____	_____
_____	_____	_____

The Boys & Girls Clubs of Newport County, Inc. reserves the right to conduct a Background Criminal Investigation and a Child Abuse and neglect Tracking System clearance on all potential employees. Attached is a form that includes both as a part of this application process.

Applicant's Signature



WORK EXPERIENCE

Start with current or last employer first. Do not detail duties & responsibilities if described in attached resume.

COMPANY NAME		YOUR TITLE	
COMPANY ADDRESS [Street & #]	[City]	[State]	[Zip]
START DATE	END DATE	STARTING SALARY	LAST SALARY
SUPERVISOR'S NAME	SUPERVISOR'S TITLE	TELEPHONE	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
BRIEF DESCRIPTION OF DUTIES & RESPONSIBILITIES			
REASON FOR LEAVING			
COMPANY NAME		YOUR TITLE	
COMPANY ADDRESS [Street & #]	[City]	[State]	[Zip]
START DATE	END DATE	STARTING SALARY	LAST SALARY
SUPERVISOR'S NAME	SUPERVISOR'S TITLE	TELEPHONE	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
BRIEF DESCRIPTION OF DUTIES & RESPONSIBILITIES			
REASON FOR LEAVING			
COMPANY NAME		YOUR TITLE	
COMPANY ADDRESS [Street & #]	[City]	[State]	[Zip]
START DATE	END DATE	STARTING SALARY	LAST SALARY
SUPERVISOR'S NAME	SUPERVISOR'S TITLE	TELEPHONE	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
BRIEF DESCRIPTION OF DUTIES & RESPONSIBILITIES			
REASON FOR LEAVING			
ALL APPLICANTS			
PLEASE LIST ALL SOFTWARE APPLICATION SKILLS			
OFFICE MACHINES YOU CAN OPERATE			