



BOYS & GIRLS CLUB
of Fitchburg and Leominster

Jr Staff 2020

Application for Employment

Applicants for employment are considered without regards to race, color, religion, sex, protected sexual orientation, marital status, veterans status, national origin, ancestry, age or handicap. Also it is unlawful in Massachusetts to require or administer a lie detector test as a condition for employment or continued employment. An employer that violates this law shall be subject to criminal penalties and civil liability.

Date of Application: _____ Position Applied for: _____

Name _____
Last First Middle

Address: _____
Number Street City State Zip

Telephone: _____ Email Address: _____

Are you under 18 _____ If so can you furnish a work permit _____

Have you been employed here in the past: _____

Are you currently working: _____

May we contact your present employer: _____

Do you have the legal right to work in the United States: _____

Can you travel if the job requires it : _____

Are you a current BGCFL member? Yes No

Have you attended this club summer camp previously? Yes NO (If yes how many years) _____

How did you hear about the position: _____

Why do you want to become a Jr. Staff (use additional paper if necessary)

As a Jr. Staff, what activities and programs would you like to assist?

Do you currently hold any certifications (Babysitting Courses, First Aid etc.)

(If under the age of 18 parent/guardian must sign)

My child has permission to participate in all activities while attending the Boys & Girls Club of Fitchburg and Leominster Jr. staff Program. I understand that I will assume full responsibility for any accidents incurred, thereby releasing the Boys & Girls Club of Fitchburg and Leominster (their Staff, Volunteers, and Directors of all liabilities).

Furthermore, I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the Boys & Girls Club to transport my child to a Hospital or Medical Facility nearby, and to secure for my child the necessary medical treatment.

(Parent Name)

(Cell Number)

(Parent Signature)

(Work Number)

Please list any allergies or medical conditions your child may have.

Virtual interviews will be scheduled for June 1-3

Attach Resume (recommended)