

Application for Employment

Check one:

_____ New Applicant

____ Transfer Applicant

____ Reemployment Applicant

- This council is an equal opportunity employer. All applications for employment will be considered without regard to race, religion, color, sex, age, national origin or ancestry, citizenship, disability, marital status, or veteran status.
- Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. (Application must be completed in full even if attaching resume.)
- This application form will be considered current for 90 days only. At the end of this period, if you are still interested in employment, it will be necessary for you to reapply by completing a new application form.

Personal Data		Date of Application:			
Last Name:	First Name:	Middle Name or Initial:			
Present Address (Numbe	r and Street):				
City:	State:	Zip Code:			
Permanent Address (if di	fferent from above):				
City:	State:	Zip Code:			
Email Address:		Phone Number:			
Position Desired					
Position:	Date Av	ailable: Salary Desired:			
Availability:Regula	rTemporary	Hours:Full TimePart Time	2		
Source of Referral:					
Agency (name):		Own Initiative			
Publication:		Employee:			
School/Organization	n:	Other:			
Willing to travel?Ye	esNo F	Percentage of time:			
Willing to relocate?	YesNo C	Geographic Preference:			
Do you have relatives em	ployed by GSUSA or a Gi	rl Scout Council?YesNo			
Were you ever employed	by GSUSA or a Girl Scou	t Council?YesNo			
When:	Where:		_		
Have you previously app	lied to GSUSA or a Girl Sc	cout Council?YesY	No		
When:	Where:		_		

Employment History

<u>Present or Most Recent Em</u>	<u>ployer</u>			
Name of Employer:		Title or Posit	ion:	
Address (Number and Stree	et):			
City:	State:	Zip Code:	Phone:	
Employment Dates (Month	and Year): From:		То:	
Starting Salary: \$	per	Final Salary: \$_		per
Other Compensation:		Reason for Leaving:		
Name and Title of Immedia	te Supervisor:			
Description of Duties:				
<u>Previous Employer</u>				
Name of Employer:		Title or Posi	tion:	
Address (Number and Stree	et):			
City:	State:	_ Zip Code:	_ Phone:	
Employment Dates (Month	and Year): From:		То:	
Starting Salary: \$	per	Final Salary: \$		per
Other Compensation:		Reason for Leaving:		
Name and Title of Immedia	te Supervisor:			
Description of Duties:				
<u>Previous Employer</u>				
Name of Employer:	Title or Position:			
Address (Number and Stree	et):			
City:	State:	_ Zip Code:	_ Phone:	
Employment Dates (Month	and Year): From	::	_ To:	
Starting Salary: \$	per	Final Salary: \$_		per
Other Compensation:				
Name and Title of Immedia	te Supervisor:			
Description of Duties:				

<u>Previous Employer</u>

Name of Employer:	Title or Position:				
Address (Number and Str	eet):				
City:					
Employment Dates (Mont	h and Year): From:		То	:	
Starting Salary: \$	per		Final Salary: \$		per
Other Compensation:		Reas	son for Leaving:		
Name and Title of Immed	iate Supervisor:				
Description of Duties:					
Education					
High School or General E	Lauivalencu Dinlon	na (GED)			
School Name and Locatio					
Last Year Completed:					
Describe Course of Study					
-					
<u>Undergraduate College/I</u>	•				
School Name and Locatio Last Year Completed:					
Describe Course of Study					
<u>Graduate/Professional</u>					
School Name and Locatio					
Last Year Completed:					
Describe Course of Study	:				
<u>Business/Technical</u>					
School Name and Locatio	n:				
Last Year Completed:	Diplom	a/Degree/	Credits:		

Describe Course of Study:

Describe any specialized training, apprenticeship, skills, and extracurricular activities:

State any additional information you feel may be helpful to us in considering your application:

Other Special Knowledge, Skills, or Qualifications					
Typing:YesNo WPM:	10 Key Calculator:YesNo				
Personal Computer:YesNo	Rate Your Computer Skills:GoodFair				
	Learning				
Are you familiar with business software:					
Word: <u>Yes</u> No	Email:YesNo				
Spreadsheets:YesNo	Presentations:YesNo				
Database:YesNo	Desktop Publishing:YesNo				
Other:					

Training

Sponsoring Organization & Location	Name of Course, Seminar, etc.	CEUs	Number of Hours	Dates

Volunteer Activities

(You need not list organizations whose name or nature indicates your race, sex, national origin, age, or religion.)

Organization	Position/Offices Held	Describe responsibilities and services	Number of Years
L			1

Statement

Explain briefly why you are interested in working for our organization:

References

Please indicate whether schooling or employment was under another name:

Applicants without recent experience list persons, other than relatives, who know of your qualifications and/or background experience:

Name	Profession	Phone	Address

I hereby authorize you to check all of my educational references and personal employment references as indicated below; I further authorize these references to release to you all information as they may have about me (check all that apply):

Present employer Present employer after accepting position

Previous employer _____Additional references listed

Do you know of any reason why you would not be able to perform the essential functions of the job position for which you are applying with or without reasonable accommodation?

____Yes ____No Please describe: ______

Are you legally eligible to be employed in the United States? (Proof of identity and eligibility will be required upon employment)

____Yes ____No

	Have you ever been c	convicted of a crime	(other than traffic	violations)?	Yes	No
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If yes, please state offense, date and location (a conviction record will not necessarily be cause for disqualification):

Are you available to work: _____Full-time _____Days _____Nights _____Weekends

If you cannot work full-time, please explain: ______

Any limitations on overtime? _____Yes _____No

If you cannot work overtime, please explain: ______

I understand that this employment application and any other Girl Scout documents are not contracts of employment, and that any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by the council at any time. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee. I also understand that I am submitting this application to become an employee of Girl Scouts of Historic Georgia Council and not GSUSA.

I certify that my answers to the preceding questions are true and complete and that I have not knowingly withheld any information which might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts will be cause for rejection of this application or dismissal after employment and that employment is subject to verification of references.

Signature: _____

Date: _____