

## **Application for Employment in Girl Scouts of Eastern Oklahoma**

Check One:	
New Applicant	
Transfer Applicant	
Reemployment Applica	ant□

- This council is an equal opportunity employerpplications for employment will be considered without regard to to sex, age, national origin or ancestry, citizenship, disability, marital status, or veteran status.
- Conditions of employment are stated at the end of thise fasem: eall carefully before you sign this application. (Applicants 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 stiplicing tracerst, end in will be necessary for you to reapplycommon a new application form

Personal Data										
Last Name	First Name		Middle Na		or Initial	Social Security Numb		nbre Date of A		Application
Present Address (Number and Street)			City			State		Zip Code	Area Code/Telephone	
Permanent Address (if differe	nt from above)		City			State		Zip Code	Cell/M	obile Telephone N
Position Desired	I									
Position					Regular Tempora		ull Tim	1	vailable	Salary Desired
Publ	ncy (name) ication (name) ool/Organization				Own In	nitiative yee (name)	are riii			
Willing to travel?	Percentage of time	: Willing	g to reloc	relocate? Geographic Preference Do you have relati						
Yes No		Yes	No					GSUSA or a		ut Council? No
Were you ever employed	by GSUSA or a Girl Scou	it Council?			Have	you previousl	y appli			l Scout Council?
Yes No When?	Where?			Yes	N	No Wh	nen?	Whe	ere?	
<b>Employment His</b>	tory									
Present or Last Employe Name of Employe							Titlo	or Position		
Name of Employe							Title	OI FOSILIOII		
Address			City	City State Zip Coo			Zip Code	Area Code/Telephone No		
Employment Dates (Month and Year) From: To:			Starting Salary \$ Per			Final Salary \$ Per			Other Compensation	
Name and Title of Immediate Superviso				Reason for Leaving						
Description of Duties										
Previous Employe										
Name of Employe							Title	or Position		
Address			City			State		Zip Code	Area C	Code/Telephone No
Employment Dates (Month and Year) From: To:			Starting Salary \$ Per		y Per	Final Salary \$ Per			Other Compensation	
Name and Title of Immed			\$	_	son for Le		er			
Description of Duties										

Previous Employer						
Name of Employer			Title or Position			
Address	City	State	Zip Code	Area Code/Telephone No.		
Employment Dates (Month and Year) From: To:	Starting Salary \$ Per	Final Salary	Per	Other Compensation		
Name and Title of Immediate Supervisor	Reason fo		<u>oi</u>			
Description of Duties						
Previous Employer						
Name of Employer			Title or Position			
Address	City	State	Zip Code	Area Code/Telephone No.		
Employment Dates (Month and Year) From: To:	Starting Salary \$ Per	Final Salary \$ F	Per	Other Compensation		
Name and Title of Immediate Supervisor	Reason for Leaving					
Description of Duties	<b>'</b>					

Education	High School or General Equivalency Diploma (GED)	Undergraduate College/University			y	Graduate/ Professional				Business/ Technical
School Name and Location										
Circle Last Year Completed		1	2	3	4	1	2	3	4	
Diploma / Degree / Credits										
Describe Course of Study										
Describe any specialized training, apprenticeship, skills, and extra-curricular activities										
Describe any honors you have received										
State any additional information you feel may be helpful to us in considering your application										

Other Special Knowledge, Skills or Qualifications							
Typing Yes No WPM 10-Ke	y Calculator Yes 🗌 No 🗌	Personal Con	nputer Yes 🗌	No 🗌			
Are you familiar with business software:  Word Yes ☐ No ☐ Spreadshee  E-mail Yes ☐ No ☐ Presentation	ets Yes  No ns Yes No ns Yes No ns	Database Desktop Publ	Yes ☐ No ☐ lishing Yes ☐ No ☐				
Rate Your Computer Skills Good Fair Lear	ning (	Other					
Training							
Sponsoring Organization and Location	Name of Course, Seminar, etc	C. CEU's	Number of Hours	Dates			
Volunteer Activities (You need not list organizations whose name or nature indicates you	uur raco, sov. national origin, ago	or religion )					
Organization	Position/Offices Held	Describe Responsibilit	ties and Services	Number of Years			
Statement							

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

References							
Please indicate whether schooling or employ	ment was under another name:						
Applicants without recent employment experience list persons, other than relatives, who know of your qualifications and/or background experience.							
Name	Profession	Area Code/Telephone Number B ( ) H ( )	Business or Home Address				
		B() H() B() H()					
I hereby authorize you to check all my educa release to you all information that they have		ment references as indicated below.	; I further authorize these references to				
Present employer	Present employer after accepting	ng position					
Previous employers	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? Yes No (Proof of identity and eligibility will be required upon employment.)							
Have you ever been convicted of a crime (other than traffic violations)?  Yes No  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							
I certify that my answers to the preceding disclosed, affect my application unfavora rejection of this application or dismissa	ably. I understand that any misrepresen	ntation or omission of facts on thi	is application will be cause for				
Signature		Date					