



# Application for Employment in Girl Scouts of Eastern Oklahoma

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

|   |            |                        |                           |
|---|------------|------------------------|---------------------------|
| Last Name                                   | First Name | Middle Name or Initial | Date of Application       |
| Present Address (Number and Street)         |            | City                   | State                     |
|   |            | Zip Code               | Area Code/Telephone No.   |
| Permanent Address (if different from above) |            | City                   | State                     |
|   |            | Zip Code               | Cell/Mobile Telephone No. |

## Position Desired

|  |  |                      |   |  |
|--|--|----------------------|---|--|
| Position   | Regular Seasonal   | Full Time Part Time  | Date Available  | Salary Desired   |
| Source of referral:                                      | Agency (name)<br>Publication (name)<br>School/Organization |                      | Own Initiative<br>Employee (name)<br>Other                    |  |
| Willing to travel?                                       | Percentage of time:  | Willing to relocate? | Geographic Preference   | Do you have relatives employed by GSUSA or a Girl Scout Council? |
| Yes No   |  | Yes No               |   | Yes No   |
| Were you ever employed by GSUSA or a Girl Scout Council? |  |                      | Have you previously applied to GSUSA or a Girl Scout Council? |  |
| Yes No   | When?  | Where?               | Yes No  | When? Where?   |

## Employment History

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

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

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

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

## Education

| School Name and Location   | High School or General<br>Equivalency Diploma (GED) | Undergraduate<br>College/University |   |   |   | Graduate/<br>Professional |   |   |   | Business/<br>Technical |
|--|---|-------------------------------------|---|---|---|---------------------------|---|---|---|------------------------|
|  |   | 1                                   | 2 | 3 | 4 | 1                         | 2 | 3 | 4 |                        |
| Last Year Completed  |   |                                     |   |   |   |                           |   |   |   |                        |
| 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-Key Calculator Yes  No  Personal Computer Yes  No

Are you familiar with business software:

Word Yes  No

E-mail Yes  No

Spreadsheets Yes  No

Presentations Yes  No

Database Yes  No

Desktop Publishing Yes  No

Rate Your Computer Skills Good Fair Learning Other \_\_\_\_\_

## Training

| Sponsoring Organization and Location | Name of Course, Seminar, etc. | CEU's | Number of Hours | Dates |
|--------------------------------------|-------------------------------|-------|-----------------|-------|
|                                      |                               |       |                 |       |
|                                      |                               |       |                 |       |
|                                      |                               |       |                 |       |
|                                      |                               |       |                 |       |
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|                                      |                               |       |                 |       |
|                                      |                               |       |                 |       |
|                                      |                               |       |                 |       |
|                                      |                               |       |                 |       |

## 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 |
|--------------|-----------------------|--|-----------------|
|              |                       |  |                 |
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|              |                       |  |                 |
|              |                       |  |                 |

## 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 employment experience list persons, other than relatives, who know of your qualifications and/or background experience.

| Name | Profession | Area Code/Telephone Number | Business or Home Address |
|------|------------|----------------------------|--------------------------|
|      |            | B ( )<br>H ( )             |                          |
|      |            | B ( )<br>H ( )             |                          |
|      |            | B ( )<br>H ( )             |                          |

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

Present employer \_\_\_\_\_ Present employer after accepting 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 Girl Scouts of Eastern Oklahoma Girl Scout 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 on this application will be cause for rejection of this application or dismissal after employment and that employment is subject to verification of references.

Signature \_\_\_\_\_

Date \_\_\_\_\_