



# Application for Employment Girl Scouts of Eastern Washington and Northern Idaho

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, genetic information, disability, marital status, veteran status, or any other protected characteristic.
- 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
Permanent Address (if different from above)	City	State	Zip Code
			Area Code/Telephone No.
			Cell/Mobile Telephone No.

## Position Desired

Position	Regular Temporary	Full Time Part Time	Date Available	Salary Desired
Source of referral:	Agency (name) Publication (name) School/Organization		Own Initiative Employee (name) 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 – Please list all current and prior employers in last 15 years

Present or Last Employer				
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				

Previous Employer				
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				

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

(Add additional sheets if necessary)

## Education

School Name and Location	High School or General Equivalency Diploma (GED)	Undergraduate College/University				Graduate/Professional				Business/Technical
		1	2	3	4	1	2	3	4	
Indicate 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										

Please indicate whether schooling or employment was under another name: \_\_\_\_\_

## 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

## 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

## Statement

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

## References

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 ( ) H ( )	
		B ( ) H ( )	
		B ( ) 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 minor traffic violations)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state offense, date, location, and provide a brief explanation. (A conviction record will not necessarily be cause for disqualification. \_\_\_\_\_ Girl Scout Council complies with all applicable federal, state and local laws.)

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 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 \_\_\_\_\_