

**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: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Present Address (Street, Apt. #): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Permanent Address (if different from above): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Position Desired

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

## Employment History

### PRESENT OR LAST EMPLOYER

Name of Employer: \_\_\_\_\_ Title/Position: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Employment Dates (Month and Year) From: \_\_\_\_\_ To: \_\_\_\_\_  
 Starting Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Other Compensation: \_\_\_\_\_  
 Name of Immediate Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 Description of Duties: \_\_\_\_\_

### PREVIOUS EMPLOYER

Name of Employer: \_\_\_\_\_ Title/Position: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Employment Dates (Month and Year) From: \_\_\_\_\_ To: \_\_\_\_\_  
 Starting Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Other Compensation: \_\_\_\_\_  
 Name of Immediate Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 Description of Duties: \_\_\_\_\_

## Employment History (continued)

### PREVIOUS EMPLOYER

Name of Employer: \_\_\_\_\_ Title/Position: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Employment Dates (Month and Year) From: \_\_\_\_\_ To: \_\_\_\_\_  
 Starting Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Other Compensation: \_\_\_\_\_  
 Name of Immediate Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 Description of Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### PREVIOUS EMPLOYER

Name of Employer: \_\_\_\_\_ Title/Position: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Employment Dates (Month and Year) From: \_\_\_\_\_ To: \_\_\_\_\_  
 Starting Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Other Compensation: \_\_\_\_\_  
 Name of Immediate Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 Description of Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Education

	High School or General Equivalency Diploma (GED)	Undergraduate College/University				Graduate/ Professional				Business/ Technical
		1	2	3	4	1	2	3	4	
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-Key Calculator:  Yes  No Personal Computer:  Yes  No

Are you familiar with the following business software?

Word:  Yes  No

Spreadsheets:  Yes  No

Database:  Yes  No

Email:  Yes  No

Presentations:  Yes  No

Desktop Publishing:  Yes  No

Rate your computer skills:  Good  Fair  Learning  Other \_\_\_\_\_

## Training

Sponsoring Organization and 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

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

Reference Name	Profession	Phone Number	Address
		<input type="checkbox"/> Business <input type="checkbox"/> Home	
		<input type="checkbox"/> Business <input type="checkbox"/> Home	
		<input type="checkbox"/> Business <input type="checkbox"/> Home	

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 *If yes, 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.*

## Authorization

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 the Girl Scouts of Middle Tennessee 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: \_\_\_\_\_