

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
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: _____