



# Application for Employment

- This council is an equal opportunity employer. All applications for employment will be considered without regard to race, religion, color, sex, sexual orientation, gender identity, age, national origin or ancestry, citizenship, genetic information, disability, marital status, familial 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	Area Code/Telephone No.
Permanent Address (if different from above)		City	State	Zip Code	Cell/Mobile Telephone No.
Email Address					

## Position Desired

Position	<input type="checkbox"/> Regular	<input type="checkbox"/> Full Time	Date Available
	<input type="checkbox"/> Temporary	<input type="checkbox"/> Part Time	
Source of referral:	Agency (name) Publication (name) School/Organization	Own Initiative Employee (name) Other	
Willing to travel?	Percentage of time:	Willing to relocate?	Do you have relatives employed by Girl Scouts of Maine?
Yes      No		Yes      No	Yes      No
Were you ever employed by GSUSA or a Girl Scout Council?			
Yes	No	When?	Where?

## Employment History – Please list all current and prior employers in last 10 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)					
From:			To:		
Name and Title of Immediate Supervisor			Reason for Leaving		
Description of Duties					

May we contact this employer Yes  No

### Previous Employer

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

May we contact this employer Yes  No

**Previous Employer**

Name of Employer			Title or Position	
Address	City	State	Zip Code	Area Code/Telephone No.
Employment Dates (Month and Year)				
From:		To:		
Name and Title of Immediate Supervisor			Reason for Leaving	
Description of Duties				
May we contact this employer Yes <input type="checkbox"/> No <input type="checkbox"/>				

**Previous Employer**

Name of Employer			Title or Position	
Address	City	State	Zip Code	Area Code/Telephone No.
Employment Dates (Month and Year)				
From:		To:		
Name and Title of Immediate Supervisor			Reason for Leaving	
Description of Duties				
May we contact this employer Yes <input type="checkbox"/> No <input type="checkbox"/>				

**Education (add additional sheets as needed)**

	High School or General Equivalency Diploma (GED)	Undergraduate College/University	Graduate/Professional	Business/Technical
School Name and Location				
Diploma / Degree / Credits				
Primary Area of Study				
Professional Licenses/Certificates				

**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

**References- List persons, other than relatives, who know of your qualifications and/or background experience**

Name	Profession	Area Code/Telephone Number	Email Address
		W: C:	
		W: C:	
		W: C:	

Are you able to perform the essential functions of this job with or without reasonable accommodations?

Yes  No

Are you currently eligible to accept employment in the United States? Yes  No

Will you now, or in the future, require visa sponsorship to work for this organization? Yes  No

Are you available to work: Full-time  Days  Nights  Weekends

Any limitations on overtime? Yes  No

I certify that the answers given by me and statements made in this application are correct and complete. I understand that any misrepresentation or omission of fact in this application or any other materials submitted in connection with this application shall be grounds for my discharge from employment.

I understand that I will be required to authorize and instruct any person or agency to make inquiries and compile reports that the Council has requested. I authorize the Council to make whatever inquiries necessary in connection with this application for employment.

I authorize the Council to verify all education, professional licensure, and previous employment. I further authorize the Council to secure from the appropriate sources, information concerning criminal convictions as well as the sex offender registry. I will execute any written authorizations that may be necessary to obtain such records to the above information.

In compliance with the Federal Immigration and Reform Control Act, I acknowledge that, if hired, I will need to provide proof of my identity and eligibility for employment in the United States. Such proof must be furnished within three business days from the date my employment begins.

I understand that this application for employment is not a contract for employment. I further understand that if hired, employment is "at will" which means that either Girl Scouts of Maine or I may terminate the employment relationship at any time without restriction and without notice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date