



# Application for Employment

## Girl Scouts in the Heart of Pennsylvania

Check One:  
 New Applicant   
 Reemployment Applicant   
 Date of Application \_\_\_\_\_

- This council is an equal opportunity employer. All applications for employment will be considered without regard to race, color, creed, religion, sex, age, disability, national origin, citizenship, sexual orientation, marital status, or any other legally protected 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.)

### Personal Data

Last Name	First Name	Middle Name	Email Address	
Present Address (Number and Street)		City	State	Zip Code
Permanent Address (if different from above)		City	State	Cell/Mobile Telephone No.

### Position Desired

Position	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>	Date Available	Salary Desired
Source of referral:	Agency (name) Publication (name) School/Organization	Own Initiative Employee (name) Other	
Willing to travel? Yes <input type="checkbox"/> No <input type="checkbox"/>	Percentage of time:	Do you have relatives employed by GSHPA? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, name and location:	
Were you ever employed by GSHPA? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: When? Where?		Have you previously applied to GSHPA? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: When? Where?	

### Employment History

Present or Last Employer

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

Has your current employer taken any disciplinary action against you within the last two years? Yes  No  If yes, please explain.

Previous Employer

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

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**Previous Employer**

Address	City	State	Zip Code	Area Code/Telephone No.
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Title or Position

Employment Dates (Month and Year)	Starting Salary	Final Salary	Other Compensation
From: To:	\$ Per	\$ Per	

Name and Title of Immediate Supervisor

Description of Duties

Reason for Leaving

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**Previous Employer**

Address	City	State	Zip Code	Area Code/Telephone No.
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Title or Position

Employment Dates (Month and Year)	Starting Salary	Final Salary	Other Compensation
From: To:	\$ Per	\$ Per	

Name and Title of Immediate Supervisor

Description of Duties

Reason for Leaving

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**Please explain any gaps in your employment history:**

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**Education**

	High School or General Equivalency Diploma (GED)	Undergraduate College/University	Graduate/ Professional	Business/ Technical
School Name and Location				
Diploma / Degree / Credits				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills				
Describe any academic honors you have received				

## 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

Spreadsheets Yes  No

Database Yes  No

E-mail Yes  No

Presentations Yes  No

Desktop Publishing Yes  No

## 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:

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## References

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

(List persons other than relatives)

Name	Relationship to Applicant	Area Code/Telephone Number	Email Address
		B	
		H	
		B	
		H	
		B	
		H	

I hereby authorize you to check all my educational references and the personal employment references on this application and/or resume. I further authorize these references to release to you all information that they have about me.

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 accommodation?

Yes  No  If yes, please describe:

Are you legally eligible to be employed in the United States? Yes  No

Have you ever been convicted of or pled guilty to a felony or misdemeanor crime? Yes  No

If yes, please state offense, date, and location (Please note that you will not automatically be excluded from consideration based upon a criminal record. Your suitability for the position sought will be evaluated based upon the circumstances in order to determine whether the criminal record renders you unsuitable for the job.)

I understand that this employment application and any other Girl Scout documents are not contracts of employment, and that any individual who is hired becomes an at-will employee may voluntarily leave employment and may be terminated by Girl Scouts in the Heart of Pennsylvania 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 in the Heart of Pennsylvania 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

## Girl Scouts in the Heart of PA

### PRE-APPOINTMENT AND CONTINUED EMPLOYMENT DISCLOSURE AUTHORIZATION AND RELEASE

I understand that in connection with my application for employment and/or for continued employment with Girl Scouts in the Heart of PA, IntelliCorp, their agents, assigns or any other authorized third parties (collectively, the "Investigators") may be performing, requesting, obtaining or conducting a consumer report on me. I understand this consumer report may include information regarding my criminal history, credit history, general reputation, character, and other background information.

I understand that Girl Scouts in the Heart of PA (the organization) may rely on any part or all of this information in determining whether to extend an offer of employment to me. I further understand that if any adverse action is taken by the organization, or if the organization chooses not to extend an offer of employment to me, based upon the information, that I will be provided a copy of such information along with a summary of my rights under the Fair Credit Reporting Act.

I understand that the consumer report, which may be performed by Investigators, is being performed as part of the process to evaluate me prior to or during my employment, and is not conducted for any purpose other than in connection with my application for employment and/or my eligibility for continued employment or promotion.

I have read this Employment Disclosure, and by signing below, I hereby authorize Investigators to conduct a consumer report as described herein in conjunction with my application for employment or to assess my eligibility for continued employment or promotion. I hereby release any and all Investigators and the Girl Scouts in the Heart of PA, from any and all liability related to the procurement or disclosure of any information provided by me or obtained about me in connection with my application with the organization or other legitimate employment purpose. I further direct and authorize Investigators to conduct the consumer report and further authorize any third parties who may be the custodians of or in possession of the requested information, to disclose such information to Investigators in connection with this background screen.

Although furnishing your Social Security Number is **required**, it shall be used for NO other purpose than to make the process for conducting a background search more accurate. It shall not be sold, or in any way transferred to a third party except for the express purpose of conducting the background check.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
First Name    Middle Initial    Last Name (Printed)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State Licensed

\_\_\_\_\_  
Other Name(s) Used: (Maiden)

\_\_\_\_\_  
Phone Number

Current Address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Former Address(s):

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**HR 007 07/09**

## APPLICANT VOLUNTARY SELF-IDENTIFICATION

**INSTRUCTIONS:** Please read all instructions carefully before completing this form.

**ANTI-DISCRIMINATION NOTICE:** Girl Scouts in the Heart of Pennsylvania is an equal opportunity employer, and bases all employment decisions solely upon an individual's qualifications. It is an unlawful employment practice for an employer to discriminate against any individual with respect to that individual's terms and conditions of employment because of such individual's race, color, religion, age, sex, national origin or disability.

In connection with voluntary affirmative action guidelines, the council invites applicants and employees to voluntarily self-identify their race or ethnicity.

Submission of this information is *strictly voluntary*, and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential.

Thank you for your assistance.

**Applicant Name:** (please print) \_\_\_\_\_ Male  Female

### RACE/ETHNICITY:

Please check one of the descriptions below corresponding to the race/ethnic group with which you identify.

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** – all persons who identify with more than one of the above five races
- Prefer not to respond**

**Applicant Signature (Voluntary):** \_\_\_\_\_

**Date completed:** \_\_\_\_\_