



Application for Employment in Girl Scouts Western Oklahoma, Inc.

Check One:
New Applicant ☐
Reemployment Applicant ☐
Camp Applicant ☐

Girl Scouts Western Oklahoma, Inc. | Mary Nichols' Family Leadership Center | 100N Robinson Avenue OKC, OK 73118
kmoss@gswestok.org | Phone 405.308.6727

- Girl Scouts Western Oklahoma, Inc. (GSWESTOK) is an equal opportunity employer. All applications for employment will be considered without regard to race, religion, color, sex, sexual orientation, age, national origin or ancestry, citizenship, disability or medical condition, marital status, military or veteran status, or any other characteristic made unlawful by applicable federal, state, or local laws.
- Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.
PLEASE NOTE: Application must be completed in full even if attaching a resume.
This application is current for 90 days. After 90 days, a new application must be submitted for further consideration.

Personal Data:

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

Position Desired:

Position Applying For:		<input type="checkbox"/> Regular	<input type="checkbox"/> Full Time	Date Available	Salary Desired
		<input type="checkbox"/> Intermittent	<input type="checkbox"/> Part Time		
Referred? Source:	<input type="checkbox"/> Agency (name): <input type="checkbox"/> Publication (name): <input type="checkbox"/> School/Organization:	<input type="checkbox"/> Own Initiative <input type="checkbox"/> Employee (name): <input type="checkbox"/> Other:			
Willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	Percentage of time:	Willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Geographic Preference	What days and hours are you available to work?	
If applying for intermittent work, during what period of time will you be available?			Are you available to work overtime, if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Are you available to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Are you available to work evenings? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employment History – Please list all current and prior employers in the last 15 years

Your Current or Most Recent Employer

Name of Employer		Title or Position			
Address		City	State	Zip Code	Area Code/Telephone No.
Employment Dates (Month and Year) From: To:		If applicable, list any rehire gaps during this period From: To:			
Name and Title of Immediate Supervisor		Reason for Leaving			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact this employer after a position is accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer fax number or email address for verification purposes:					
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) From: To:		If applicable, list any rehire gaps during this period From: To:			
Name and Title of Immediate Supervisor		Reason for Leaving			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact this employer after a position is accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer fax number or email address for verification purposes:					
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) From: To:		If applicable, list any rehire gaps during this period From: To:		
Name and Title of Immediate Supervisor		Reason for Leaving		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact this employer after a position is accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employer fax number or email address for verification purposes:				
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) From: To:		If applicable, list any rehire gaps during this period From: To:		
Name and Title of Immediate Supervisor		Reason for Leaving		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact this employer after a position is accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employer fax number or email address for verification purposes:				
Description of Duties				

Education:

	High School or General Equivalency Diploma (GED)	Undergraduate College/University	Graduate/ Professional	Business/ Technical
School Name and Location				
Number of Years Completed				
Diploma / Degree / Credits				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills, and extra-curricular activities				
Describe any honors you have received				
Have you obtained any special skills or abilities as the result of service in the military? If so, describe				
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 business software?

Word Yes ☐ No ☐ Spreadsheets Yes ☐ No ☐ Database Yes ☐ No ☐

E-mail 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.	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:

Professional References:

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name	Profession	Area Code/Telephone Number	Business or Home Address
		B H	
		B H	
		B H	

Additional Information:

Were you ever previously employed by GSWESTOK, GSUSA or a Girl Scout Council?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, When?	Where?
Have you ever previously applied to GSWESTOK, GSUSA or a Girl Scout Council?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, When?	Where?

Do you have relatives employed by GSWESTOK, GSUSA, or another Girl Scout Council? ☐ Yes ☐ No

If yes, state name(s) and relationships:

Name:	Relationship:
Name:	Relationship:

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or moral, or if doing so could create conflicts of interest.

Are you at least 18 years old? ☐ Yes ☐ No Are you at least 21 years old? ☐ Yes ☐ No

If hired, can you present evidence of your legal right to live and work in this country? ☐ Yes ☐ No

If hired, can you present evidence of your legal right to drive in this state, if required for your position? ☐ Yes ☐ No

If hired, would you have a reliable means of transportation to and from various work locations? ☐ Yes ☐ No

Please note: We comply with the federal and state disability laws and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? ☐ Yes ☐ No

If no, describe the functions that cannot be performed and how they might be accommodated:

The information requested below is necessary for the specific position for which you are applying. No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position may, however, be considered. Any information regarding criminal history will be maintained confidentially.

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Convictions that have been judicially dismissed or ordered sealed pursuant to the law need not be listed. ☐ Yes ☐ No If yes, state the nature of the crime(s), when and where convicted, and disposition of the case:

Acknowledgement:

Please read carefully, initial each paragraph and sign below:

Initials: _____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials: _____ I hereby authorize GSWESTOK to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to GSWESTOK any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release GSWESTOK, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials: _____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and GSWESTOK. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and that my employment may be terminated at any time, with or without prior notice, at the option of either myself or GSWESTOK, and that no promises or representations contrary to the foregoing are binding on GSWESTOK unless made in writing and signed by me and GSWESTOK's designated representative. I also understand that I am submitting this application to become an at-will employee of Girl Scouts Western Oklahoma, Inc. and not GSUSA.

Initials: _____ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by GSWESTOK, I am entitled to copies of any such public records obtained by GSWESTOK unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

☐ I waive receipt of a copy of any public record described in the paragraph above.

By selecting the "Submit" button, you are signing this Application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Application. By selecting "Submit" you consent to be legally bound by the Application's terms and conditions.

Date

Applicant's Signature

Past Employment Verification:

APPLICANT INSTRUCTIONS - AUTHORIZE & RELEASE

Please legibly print your name below and after reviewing the authorization/release, sign and date only the top portion of this form. Submit this page along with your completed Application for Employment; applications submitted without this attached page will be considered incomplete. The Human Resources department will use this form to verify your past employment. Do not complete anything below the applicant signature line and do not distribute this form on your own behalf.

Applicant Name: _____

Authorization/Release: I consent to and authorize my former employer named below, and its agents and employees, to furnish any reference information concerning me, including achievement, wage history, performance, attendance, personal history, disciplinary information, and reason for separation of employment, relating to my employment with the former employer. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment.

I also hereby release my below named former employer, and its agents and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage and negligence, I have or may have which arise or result from any reference information provided pursuant to this authorization or any attempts to comply with this information.

Applicant Signature: _____ Date: _____

FORMER EMPLOYER – PLEASE COMPLETE THE FOLLOWING AND RETURN TO GSWESTOK:

Dear Former Employer,

The above-named applicant is being considered for employment with Girl Scouts Western Oklahoma (GSWESTOK) and has listed your organization as a former employer. We would appreciate your verification and completion of this form at your earliest convenience.

All information provided will be treated in confidence and will only be used for evaluating this candidate for the position for which he/she has applied. As a youth centered organization we feel it is our implicit duty to protect others from injury or harm by exercising reasonable care in the hiring process and expect all responses to be truthful and accurate. Please return this form to us by faxing it to 405.843.0000 or by email kmoss@gswestok.org. Thank you for your assistance.

Company Name: _____ Completed By: _____

Phone: _____ Fax: _____ Email: _____

Position(s) Held: _____ Employed From: _____ To: _____

Summary of essential duties: _____

Reason employment ended: _____

Eligible for rehire? ☐ Yes ☐ No

Please rate the following:	Excellent	Good	Satisfactory	Marginal
Dependability				
Accuracy				
Productivity				
Job Knowledge				
Overall Performance				

Comments: _____

Signature: _____ Title: _____ Date: _____