



Girl Scouts of Central and Western Massachusetts EMPLOYMENT APPLICATION

Notice to All Applicants: GSCWM is an equal opportunity and affirmative action employer. Also, it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Instructions: When listing employment and community activities, you may exclude organization names which indicate race, creed, color, national origin, religion, sex, sexual orientation, marital status, results of genetic testing, age, disability, military status, status as a veteran Vietnam Era Veteran or being a member of the Reserves or National Guard. Applications must be completed IN FULL for further employment consideration. Applications are confidential and kept on file for one year. Please PRINT.

JOB APPLYING FOR _____ **FT** **PT** **Date** _____

CONTACT INFORMATION	Name _____ <small>First Middle Last</small>
<input type="checkbox"/> Phone # () _____	Address _____ <small>Number Street Apt #</small>
<input type="checkbox"/> Cell # () _____	
	City _____ State _____ Zip Code _____
	E-Mail Address _____

CERTIFICATION SKILLS EDUCATION	<input type="checkbox"/> First Aid: Expires on _____ <input type="checkbox"/> Current CPR: Expires on _____ Other Certification(s): _____ Special Skills: _____
Computer Skills	Proficient in: <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Data Entry <input type="checkbox"/> PowerPoint <input type="checkbox"/> Internet <input type="checkbox"/> Other _____
<input type="checkbox"/> GED Earned OR <input type="checkbox"/> HS Diploma Earned	High School _____ City & State _____
<input type="checkbox"/> Some College OR <input type="checkbox"/> Associate Degree Earned	Major _____ College _____ City & State _____
<input type="checkbox"/> Bachelor Degree Earned	Major _____ College _____ City & State _____
<input type="checkbox"/> Graduate Studies OR <input type="checkbox"/> Master Degree Earned	Major _____ College _____ City & State _____
<input type="checkbox"/> Doctoral Degree Earned	Major _____ College _____ City & State _____

VOLUNTEER & COMMUNITY ACTIVITIES	
---	--

EMPLOYMENT EXPERIENCE

Do NOT write "See Resume." Please specify volunteer and internship experience.

Current/Most Recent Job Title: Dates: From to Ending Pay Rate: \$	Employer: City & State: Reason for Leaving:
List Primary Duties:	
Job Title: Dates: From to Ending Pay Rate: \$	Employer: City & State: Reason for Leaving:
List Primary Duties:	
Job Title: Dates: From to Ending Pay Rate: \$	Employer: City & State: Reason for Leaving:
List Primary Duties:	
Job Title: Dates: From to Ending Pay Rate: \$	Employer: City & State: Reason for Leaving:
List Primary Duties:	
Job Title: Dates: From to Ending Pay Rate: \$	Employer: City & State: Reason for Leaving:
List Primary Duties:	
Job Title: Dates: From to Ending Pay Rate: \$	Employer: City & State: Reason for Leaving:
List Primary Duties:	

If more space is needed please continue on the reverse side or add a sheet.

INTERNSHIPS	
--------------------	--

EMPLOYMENT REFERENCES	Previous employers preferred. No relatives please. May we contact your current employer? <input type="checkbox"/> NOW <input type="checkbox"/> AFTER Job Offer Accepted	
Name:	Phone # ()	
Title:	E-Mail Address:	
Relationship:	Address:	
Name:	Phone # ()	
Title:	E-Mail Address:	
Relationship:	Address:	
Name:	Phone # ()	
Title:	E-Mail Address:	
Relationship:	Address:	

CORI NOTICE Criminal Offense Record Information	A CORI check is required for all employees. Therefore, you must complete a CORI Request form. (Out-of-State residents must provide their own CORI.) GSCWM conducts CORI checks in compliance with MA regulations. The existence of a record does not automatically bar you from employment. You may request a copy of your record, if any.
EMPLOYMENT AT WILL AGREEMENT	It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by GSCWM. I understand and agree, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of GSCWM.
APPLICANT CERTIFICATION	My signature below certifies that I understand the above notices and agree to comply. Additionally, I certify that this application is true and correct to the best of my knowledge and understand that falsification, misstatements, or omissions on my part would be grounds for declining to hire, or for dismissal. Applicant's Signature: _____ Date: _____

REFERRAL SOURCE	<input type="checkbox"/> Newspaper Ad _____ <input type="checkbox"/> Online Posting _____ <input type="checkbox"/> GSCWM Employee _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> College Career Service <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Walk-In
----------------------------	---	---

REFERENCE RELEASE	<p>I hereby authorize any person, educational institution, organization or company I have listed as a reference on my employment application as well as former employers to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold Girl Scouts of Central & Western MA, any former employers, educational institutions, organizations and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.</p> <p>Printed Name: _____ Applicant Signature: _____ Date: _____</p>
------------------------------	---

Girl Scouts of Central & Western Massachusetts

NOTICE OF EQUAL OPPORTUNITY, NON-DISCRIMINATION & VOLUNTARY DISCLOSURE

This is to notify all persons that the Girl Scouts of Central and Western MA (GSCWM) is an equal opportunity and affirmative action organization. GSCWM does not discriminate against any person because of his or her race; color, national origin; creed; ethnicity; ancestry; religion; age; gender; sexual orientation (which shall not include persons whose sexual orientation involves minor children as sex objects); disability; genetic information; veteran or military service status; or marital status in the provision of or access to services, employment or activities. GSCWM is committed to providing equal access to persons with a disability. These practices are carried out in accordance with applicable federal and state law including, but not limited to: Section 504 of the Rehabilitation Act (as amended); Americans with Disabilities Act (as amended); Civil Rights Act of 1964 (as amended); Article 114 of the Massachusetts Constitution; Chapters 151 B and 272, Sections 92, 98 and 98A of the Massachusetts General Laws and Executive Orders 227, 246 and 253.

For information, assistance and resolution of complaints, please contact our Equal Opportunity Director:

Colleen Holmes, Chief of Workplace & Public Strategies
301 Kelly Way, Holyoke, MA 01040-9685
800-462-9100 x4021 (in MA) or 413-584-2602 x4021

Voluntary Disclosure Invitation

To assist us in our equal opportunity efforts, we invite you to voluntarily provide the information requested below. This information will be treated confidentially, and will be kept separate from applicant and other volunteer records. We will use this information only for equal opportunity efforts in compliance with regulations. Declining to provide this information will not jeopardize any consideration you may receive for internship.

If you choose not to complete the full disclosure, please fill in the dotted box (at right) only and sign.

If you choose to complete the disclosure, please complete this section in full, including the dotted box, by checking all that apply below and signing to the right.

NAME: _____
APPLIED FOR: _____
Signed: _____
Date: _____

- Female Male
Vietnam-Era Veteran Other Veteran
African American/Black
Hispanic American/Latin American
White/Caucasian
Asian American
American Indian or Alaskan Native
Native Hawaiian or Pacific Islander
2 or more races
Your chosen identification:

Person with a Disability: If you choose, you may disclose your disability here:

Notify the Equal Opportunity Director if you require a reasonable accommodation to access the hiring process.