



# EMPLOYMENT APPLICATION FOR NEW SUMMER STAFF

## Girl Scouts of Rhode Island

- 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, veteran status, sexual orientation or gender identity or expression.
- Conditions of employment are stated at the end of this form. Please read it carefully before you sign this application. Application must be completed in full even if attaching a resume.

Please print or type and return to: **Administrative Assistant for Girl & Adult Services**  
**Girl Scouts of Rhode Island**  
**125 Charles St., Providence, RI 02904**

### Personal Data

Name:

Present address:

How long will you be at this address?

Permanent address:

E-mail:

Telephone Number:

Cell Phone:

Dates available for work:

From:

To:

Name of camp for which you are applying:

1. \_\_\_\_\_ Resident \_\_\_\_\_ Day \_\_\_\_\_

2. \_\_\_\_\_ Resident \_\_\_\_\_ Day \_\_\_\_\_

3. \_\_\_\_\_ Resident \_\_\_\_\_ Day \_\_\_\_\_

Note that for certain summer jobs you must have attained a certain age: please check with the council for age requirements.

Languages other than English that you speak, read, or write: \_\_\_\_\_

Source of referral:

School/Organization \_\_\_\_\_

Job Fair \_\_\_\_\_

Own Initiative \_\_\_\_\_

Friend \_\_\_\_\_

Publication \_\_\_\_\_

Former camper \_\_\_\_\_

College Placement \_\_\_\_\_

Employee \_\_\_\_\_

Other: \_\_\_\_\_

### Education

| School Name and Location                             | High School or General Equivalency Diploma (GED) |   |   |   | Undergraduate College/University |   |   |   | Graduate/Professional | Business/Technical |
|--|--|---|---|---|----------------------------------|---|---|---|-----------------------|--------------------|
|  | 1  | 2 | 3 | 4 | 1                                | 2 | 3 | 4 |                       |                    |
| Circle Last Year Completed                           |  |   |   |   |                                  |   |   |   |                       |                    |
| Diploma / Degree / Credits                           |  |   |   |   |                                  |   |   |   |                       |                    |
| Describe Course of Study                             |  |   |   |   |                                  |   |   |   |                       |                    |
| Describe any honors you have received.               |  |   |   |   |                                  |   |   |   |                       |                    |
| List any leadership positions held.                  |  |   |   |   |                                  |   |   |   |                       |                    |
| List any courses related to the position(s) desired. |  |   |   |   |                                  |   |   |   |                       |                    |

**Training and Skills Development** (if not listed under 'Education')

| Course | Sponsoring Organization | Location | Date |
|--------|-------------------------|----------|------|
|        |                         |          |      |
|        |                         |          |      |
|        |                         |          |      |

**Current Certifications and Licenses** (include Driver's License if required by job)

| Certification (Please complete all that apply)        | Issuing/Sponsoring Agency | Expiration Date |
|---|---------------------------|-----------------|
| <input type="checkbox"/> CPR, Type:                   |                           |                 |
| <input type="checkbox"/> First Aid, Type:             |                           |                 |
| <input type="checkbox"/> Certified Lifeguard Training |                           |                 |
| <input type="checkbox"/> Water Safety Instructor      |                           |                 |
| <input type="checkbox"/> Registered Nurse             |                           |                 |
| <input type="checkbox"/> Emergency Medical Technician |                           |                 |
| <input type="checkbox"/> Other:                       |                           |                 |

**Volunteer Activities** (List community, school, or other experiences, including any work with children, along with the activities and dates).

| Item | Activities | Date(s) |
|------|------------|---------|
|      |            |         |
|      |            |         |
|      |            |         |

**Previous Camp Experience**

| Camp Name and Address | Position | Year | Agency or Sponsoring Organization | Telephone Number | Supervisor |
|-----------------------|----------|------|-----------------------------------|------------------|------------|
|                       |          |      |                                   |                  |            |
|                       |          |      |                                   |                  |            |
|                       |          |      |                                   |                  |            |

**Employment**

| Employer and Location (Most recent employer first) | Position | Dates | Reason for Leaving | Telephone Number | Supervisor |
|--|----------|-------|--------------------|------------------|------------|
|  |          |       |                    |                  |            |
|  |          |       |                    |                  |            |
|  |          |       |                    |                  |            |

**Position Desired**

Note that for certain jobs you must have attained a certain age; please check with the Council for age requirements

Day Camp  or Resident Camp  Please circle position(s) desired:

|                                       |                   |                           |
|---------------------------------------|-------------------|---------------------------|
| Assistant Camp Director               | Health Supervisor | Program Director/Manager  |
| Assistant Cook                        | Head Cook         | Program Leader            |
| Assistant Waterfront Director         | Intern            | Program Specialist: _____ |
| Boating Instructor                    | Kitchen Aide      | Unit Assistant            |
| Business Manager                      | Lifeguard         | Unit Leader               |
| Camp Director                         | Nurse             | Waterfront Director       |
| Leadership Director (CIT, WSIA, B-Up) | Office Manager    |                           |

**References**

*(Three persons not related to you; preferably current and/or former supervisors; include camp directors, if applicable). (Please refer to the "camp staff reference form" and fill out the top portion of each and give them to three people who can judge your qualifications)*

| Name | Title | Address | Telephone Number |
|------|-------|---------|------------------|
|      |       |         |                  |
|      |       |         |                  |
|      |       |         |                  |

- 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 identify 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).
  
- I understand the completion of a physical examination, signed by a physician within 2years of first date of employment (resident camp only) and current health history is a condition of employment.

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 Girl Scouts of Rhode Island, Inc. 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.

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date