

Please Check One:

New Applicant Transfer Applicant Reemployment Applicant

EMPLOYMENT APPLICATION

- Girl Scouts Heart of the Hudson (GSHH), Inc. is an equal opportunity employer. All applications for employment will be considered without regard to race, religion, color, gender, age, national origin or ancestry, citizenship, genetic information, disability, marital 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.

APPLICANT INFORMATION					
Last Name First Name	Middle Name	Soci	Social Security Number		Date of Application
Present Address (Number and Street) City		Stat	e Z	ip Code	Area Code/Telephone No.
Permanent Address (if different from above)	City	Stat	e Z	ip Code	Cell Telephone No.
		Ema	il		
Position Applied For:					
Position		Regular Temporar		Time t Time	Date Available
Willing to travel? Yes/ No	Do you have relatives employed by GSUSA or Girl Scouts Heart of the Hudson? Yes No				
Were you ever employed by GSUSA or a Yes No If Yes, When?	Have you previously applied to GSUSA or Girl Scouts Heart of the Hudson? Yes No				
Where?	If Yes When? Where?			Where?	
Please list all current and prior employers in las	EMPLOYMEN st 15 years	IT HISTOR	Y		
Name of Employer			Title Posit		
Address	City	Stat	e Z	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					

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(Add additional sheets if ned	cessary)						
Previous Employer							
Name of Employer			Title or Position				
Address		City		State	Zip Code	Area Code/Telephone No.	
Employment Dates (Month Year) From:	and			То:			
Name and Title of Immedia	te Supervisor		Reason for	Leaving			
Description of Duties							
(Add additional sheets if nec	cessary)						
Previous Employer							
Name of Employer					Title or Position		
Address		City		State	Zip Code	Area Code/Telephone No.	
Employment Dates (Month and Year) From:				То:			
Name and Title of Immedia	te Supervisor		Reason for	Leaving	 _		
Description of Duties							
(Add additional sheets if neo	cessary)						
		ED	UCATION				
	High School or General Equivalency Diploma CED		ndergraduate lege/Universit		Graduate/ Professional	Business/ Technical	
School Name and Location							
Year Completed							
Diploma/Degree/Credits							

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Describe any specialized training, apprenticeship, skills and extracurricular activities

SPECIAL KNOWLEDGE, SKILLS OR QUALIFICATIONS

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Microsoft Office Suite? YES NO	Salesforce/other Customer Relationship Management? YES NO	Looker/other Business Intelligence tool? YES NO
If 'Yes' what level Beginner Intermediate Advanced	If 'Yes' what level: Beginner Intermediate Advanced	If 'Yes' what level Beginner Intermediate Advanced
Other special knowledge, skills and qualifications?		

(Attach Certificates if necessary)

Certificates Held

Sponsoring Organizations & Location	Name of Course, Seminar, etc.	Number of Hours	Dates

(Attach additional sheets and Certificates if necessary)

Volunteer Activities

(You do not need to list Organizations whose name or nature indicates your race, gender, nationality, age or religion)

Organization	Position/Offices Held	Describe Responsibilities and Services	Number of Years

(Attach additional sheets if necessary)

PERSONAL STATEMENT

Explain why you are interested in working for the Girl Scouts Heart of the Hudson (GSHH)		

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		ENCES	
List persons, other than relatives, w	ho know of your qualifications ar	nd/or background experience o	r attach reference list.
Name	Profession	Area Code/Telephone No.	Business or Home Address
I hereby authorize GSHH to check al	I my educational references and	the personal employment refe	rences as indicated below. I further
authorize these references to releas	•		
		,	app.,,,
Drocont Employer	Voc. No.	Dunnant american often accoun	ting position. Voc. No.
Present Employer	Yes No	Present employer after accep	iting position Yes No
Previous employers Yes N	No	Additional references listed	Yes No
,			
Are you available to work:	Full Time	e Days	Nights Weekends
If you cannot work Full Time, please		24,5	
	·		
Any limitations on Overtime?	Yes No		
If you cannot work Overtime, pleas	e explain.		
		he essential functions of the jo	b position for which you are applying
with or without reasonable accomr If 'Yes" please describe:	nodation? Yes No		
ii res piease describe.			
Are you legally eligible to be emplo			Yes No
(Proof of Identity and eligibility will	be required upon employment)		
	DISCLAIMER	& SIGNATURE	
I understand that this employme	ent application and any other	Girl Scout documents are	not contracts of employment, and
that any individual who is hired r	nay voluntarily leave employn	nent upon proper notice and	d may be terminated by the counci
at any time. I understand that an	y oral or written statements t	to the contrary are hereby e	xpressly disavowed and should not
•	•	•	tting this application to become ar
employee of Girl Scouts Heart of			S shh
employee of our secure frequences	the maden, mer and not est		
I certify that my answers to the	e preceding questions are tru	ie and complete and that I	have not knowingly withheld any
information which might, if discl	osed, affect my application un	favorably. I understand that	any misrepresentation or omission
of facts on this application will b	e cause for rejection of this ap	plication or dismissal after	employment and that employment
is subject to verification of refer	ences.		
Applicants Signature:			Date:
Application distribution			Duic

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