



Girl Scouts of Central and Western Massachusetts

SEASONAL CAMP 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 three years. Please PRINT.

CAMP APPLYING FOR _____ Date _____

NEW Applicant? Check here.

RETURNING Camp Staff Member? Check here.

CONTACT INFORMATION	Name _____ <i>First Middle Last</i>
Phone # () _____	Permanent Address _____ <i>Number Street Apt #</i>
Cell # () _____	<i>City State Zip Code</i>
<i>Please check the best number at which to reach you.</i>	Address Until May 15 _____ <i>Number Street Apt #</i>
	<i>City State Zip Code</i>
	E-Mail Address _____

___ Camp Director*	___ Health Specialist*	___ Unit Counselor
___ Asst. Camp Director*	___ Lifeguard	___ Kitchen Assistant (Bonnie Brae OR Green Evrie)
___ Waterfront Director**	___ Program Specialist	
___ Teen Program Coordinator**	___ Arts & Crafts Specialist	

*Must be at least 25 years of age

**Must be at least 21 years of age

EDUCATION	<input type="checkbox"/> GED Earned	<input type="checkbox"/> HS Diploma Earned	Date: _____
High School _____			
City & State _____			
Undergraduate Studies <input type="checkbox"/> Attending College: Year? _____	Degree Earned: <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor		
Major _____	College _____		
City & State _____			
Graduate Studies	Degree Earned: <input type="checkbox"/> Master <input type="checkbox"/> Doctorate		
Major _____	College _____		
City & State _____			

CERTIFICATIONS

Check the certifications you have & provide the expiration date.

<input type="checkbox"/> Lifeguard (exp: _____)	<input type="checkbox"/> Archery Instructor (exp: _____)	<input type="checkbox"/> Standard First Aid (exp: _____)
<input type="checkbox"/> Basic Water Safety (exp: _____)	<input type="checkbox"/> Rope Course Instructor (exp: _____)	<input type="checkbox"/> CPR (exp: _____)
<input type="checkbox"/> Lifeguard Instructor (exp: _____)	<input type="checkbox"/> Wilderness First Aid (exp: _____)	<input type="checkbox"/> R.N. State _____ (exp: _____)
<input type="checkbox"/> Water Safety Instructor (exp: _____)	<input type="checkbox"/> Wilderness Trip (exp: _____)	<input type="checkbox"/> EMT State _____ (exp: _____)
<input type="checkbox"/> Waterfront Certification (exp: _____)	<input type="checkbox"/> Licensed Driver - State _____	<input type="checkbox"/> L.P.N. State _____ (exp: _____)
<input type="checkbox"/> Sailing Instructor (exp: _____)	<input type="checkbox"/> Teacher - State _____	<input type="checkbox"/> MA ServSafe (Food Service) (exp: _____)
<input type="checkbox"/> Canoeing/Small Watercraft Instructor	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> I am a strong swimmer interested in completing a lifeguard certification course, at my expense, to work as a lifeguard this summer.		

SCHOOL & COMMUNITY ACTIVITIES	
SPECIAL SKILLS & HOBBIES	
CAMP EXPERIENCE	Attended: <input type="checkbox"/> GSCWM - Camp _____ for _____ (# of seasons) <input type="checkbox"/> Other - Camp _____ for _____ (# of seasons) <input type="checkbox"/> I completed a Counselor-in-Training/Program Assistant program at Camp: _____

EMPLOYMENT EXPERIENCE – include the last five years of employment *Do NOT write "See Resume." Please specify volunteer and internship experience.*

Current/Most Recent Job Title: Dates: From _____ to _____	Employer: City & State: Reason for Leaving:
List Primary Duties:	
Job Title: Dates: From _____ to _____	Employer: City & State: Reason for Leaving:
List Primary Duties:	
Job Title: Dates: From _____ to _____	Employer: City & State: Reason for Leaving:
List Primary Duties:	

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

CORI/SORI NOTICE Criminal Offense Record Information	<p>CORI and SORI background checks are required for all camp employees. You must complete a CORI Acknowledgement form. (Criminal background information on prospective employees whose permanent residence is out of state or a different country will be requested from the applicant's state criminal information system, local chief of police, or other local authority with access to relevant information, a criminal record check or its recognized equivalent.) The existence of a record does not automatically bar you from employment. You may request a copy of your record, if any.</p> <p>Have you ever been convicted of any crime including sex related or child abuse related offenses?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
EMPLOYMENT AT WILL AGREEMENT	<p>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.</p>
APPLICANT CERTIFICATION	<p>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.</p> <p>Applicant's Signature: _____</p> <p>Date: _____</p>

REFERRAL SOURCE	<p><input type="checkbox"/>Newspaper Ad _____</p> <p><input type="checkbox"/>On-Line Posting _____</p> <p><input type="checkbox"/>GSCWM Employee _____</p> <p>Other _____</p> <p><input type="checkbox"/>College Career Service</p> <p><input type="checkbox"/>Friend/Relative</p>
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EMPLOYMENT REFERENCES	<ul style="list-style-type: none"> • All RETURNING and NEW applicants MUST sign the reference release (below). • NEW applicants must provide three written references. RETURNING applicants are not required to provide new references. • References must come from employers, community organizations or other sources with whom you have done internship or volunteer work, or from your professors or teachers (no friends or relatives). • References should be on company letterhead or emailed from a company email address. Email references to: hr@gscwm.org
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Sign the reference release (below).

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 and Western Massachusetts, 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>Applicant's Printed Name: _____</p> <p>Applicant's Signature: _____</p> <p>Date: _____</p>
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Girl Scouts of Central & Western Massachusetts
NOTICE OF EQUAL OPPORTUNITY, NON-DISCRIMINATION & VOLUNTARY DISCLOSURE

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/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 a sex object); 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. GSCWM does not discriminate in relation to pregnancy or a condition related to the employee's pregnancy including, but not limited to, lactation or the need to express breast milk for a nursing child and reasonable accommodations for conditions related to pregnancy. 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; the Massachusetts Pregnant Workers Fairness Act.

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

Suzanne Smiley, Chief Operating Officer
GSCWM, 301 Kelly Way, Holyoke, MA 01040
413-584-2602 x 7120
ssmiley@gscwm.org

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 employment.

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

NAME: _____

APPLIED FOR: _____

Signed/Date: _____

If you choose **to** complete the disclosure, please complete this section in full by checking all that apply below and completing & signing above.

I identify my gender as: _____

Vietnam-Era Veteran Other Veteran

African American/Black

Hispanic/Latin

White/Caucasian

Asian

American Indian or Alaskan Native

Hawaiian or Pacific Islander

Multiple 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.