

Application for Employment (please print in ink)

GIRLS INCORPORATED®
of the Greater Peninsula
Administration Office
5905 Portsmouth Blvd.
Portsmouth, VA 23701



APPLICANT INFORMATION	DATE AVAILABLE: _____
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Name: Last	First	Middle	Date:
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Street Address	Apartment/Unit #
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City	State	Zip Code
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Home Phone:	Mobile or Business Phone:	E-mail Address:
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Date of birth:	Social Security #:	Desired Salary \$ _____ Per _____
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Position for which you are applying: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Are you 18 years or older? YES NO If no, please state your age: _____

Have you ever been convicted of a felony, barrier crime or subject of a founded Child Protective Service complaint?
Yes No If yes, please explain: _____

Employment Requires Criminal Background Clearances. Is this acceptable to you? Yes No

EMERGENCY

In case of an emergency, please notify:

Name:	Relationship:
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Street Address:	Phone:
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City:	State:	Zip Code:
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EDUCATION

High School	Address
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From	To	Did you graduate?	YES	NO	Date of Graduation or GED:
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College	Address
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From	To	Did you graduate?	YES	NO	Degree	
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Other	Address
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From	To	Did you graduate?	YES	NO	Degree	
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Additional training or certification that would be helpful in evaluating your application:

Do you have any medical condition(s) which may interfere with fulfilling the responsibility of the position for which you are applying? Yes No If so, please explain: _____

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EXPERIENCE

Begin with the current or most recent employment (including military experience). Please attach your resume. Use additional paper if necessary.

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO

REFERENCES

Please list one (1) professional and two (2) personal references.

Full Name	Relationship:		
Company	Phone:		
Address:	City:	State:	Zip Code:
Full Name	Relationship:		
Company	Phone:		
Address:	City:	State:	Zip Code:
Full Name	Relationship:		
Company	Phone:		
Address:	City:	State:	Zip Code:

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Additional Information

Who referred you to Girls Incorporated? _____

What are your best qualities: _____

List activities and other special achievements which you feel will be of importance in you work: _____

List organizations with which you are or have been associated with (church, social, community, school, professional, trade, etc.):

DISCLOSURE

Do you possess a valid driver's license? Yes No IF YES: State: _____ License # _____

Before driving a vehicle to transport children, I realize that I am required to disclose any moving traffic violations that occurred five years prior to or during employment or assignment as a driver.

Signature: _____

Date: _____

DISCLAIMER AND SIGNATURE

- I understand that I will be required to submit written information to demonstrate that I possess the education, orientation training, staff development, certification, and experiences required by the job position.
- I hereby certify that my answers are true and complete to the best of my knowledge.
- If this application leads to employment, I understand that false or misleading information in my application or interview may result in my immediate release.

Print Name: _____

Signature: _____

Date: _____

*Please be prepared to submit a professional reference letter upon request

*For Office Use Only

Position Applied for: _____

Interview Date: _____

Date of Hire: _____

Site Location: _____

Date of Separation: _____