



# Application for Employment

Girls Incorporated of Owensboro-Daviess County  
P.O. Box 1626, Owensboro, KY 42302  
(270) 684-7833

•Employees and applicants of Girls Inc. of Owensboro-Daviess County are subject to drug testing and driving records reviews•

**GIRLS INCORPORATED IS AN EQUAL OPPORTUNITY EMPLOYER THAT DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, CREED, CITIZENSHIP, RELIGION, ANCESTRY, AGE, SEX, SEXUAL ORIENTATION, PREGNANCY, GENDER IDENTITY, MARITAL STATUS, GENETIC INFORMATION, NATIONAL ORIGIN, DISABILITY OR VETERAN STATUS**

*We deeply appreciate your interest in our organization and assure you that we are interested in your qualifications. A thorough understanding of your background and work history will aid us in placing you in a position which best meets your qualifications and may assist us in possible future upgrading.*

Date: \_\_\_\_\_ Email address: \_\_\_\_\_

Position(s) Desired: \_\_\_\_\_ Rate of Pay Expected: \_\_\_\_\_

Date Available to Begin Work: \_\_\_\_\_ Full-Time  Part-Time

Name: \_\_\_\_\_  
Last First MI

Present Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Last 4 Digits Social Sec. Number: XXX-XX-\_\_\_\_\_ Email Address \_\_\_\_\_

Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment provide genuine documentation establishing your identity and eligibility to be legally employed in the United States?  yes  no

Are you under the age of 18?  yes  no

Do you have valid driver's license?  yes  no

Have you ever been denied a driver's license or had your license revoked or suspended?  
 yes  no If yes, please explain \_\_\_\_\_

Have you had any vehicular accidents during the past three years?  yes  no  
How many? \_\_\_\_\_

Have you had any moving violations during the past three years?  yes  no  
How many? \_\_\_\_\_

\_\_\_\_\_

Do you have dependable transportation to work?  yes  no

Have you previously been employed by us?  yes  no

If yes, give dates and positions: \_\_\_\_\_

List any friends or relatives working for us: \_\_\_\_\_

Have you ever been discharged or asked to resign from a job?  yes  no

If yes, please explain \_\_\_\_\_

Are you physically or otherwise able to perform the essential duties, with or without a reasonable accommodation, of the job for which you are applying?  yes  no

During the last ten years, have you ever been convicted of a crime other than minor traffic offense? Include sex-related and child abuse related offenses. A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.  yes  no

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION AND TRAINING:**

**HIGH SCHOOL:** \_\_\_\_\_ Address: \_\_\_\_\_

Graduated:  yes  no  GED (*check one*) Number of Years Completed \_\_\_\_\_

**COLLEGE:** \_\_\_\_\_ Address: \_\_\_\_\_

Graduated:  yes  no Degree or Major Course of Study: \_\_\_\_\_

Number of Years Completed \_\_\_\_\_

**COLLEGE:** \_\_\_\_\_ Address: \_\_\_\_\_

Graduated:  yes  no Degree or Major Course of Study: \_\_\_\_\_

Number of Years Completed \_\_\_\_\_

**SPECIAL TRAINING or SKILLS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LICENSES/CERTIFICATIONS:**

- American Red Cross Lifesaving Exp. Date \_\_\_\_\_
- Standard First Aid Exp. Date \_\_\_\_\_
- Cardiopulmonary Resuscitation (CPR) Exp. Date \_\_\_\_\_

Other \_\_\_\_\_

**EMPLOYMENT HISTORY:** Please complete the following starting with your most recent position, including U.S. Military Service. If necessary attach an additional sheet providing the below information for each additional position.

Name of Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Company Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Length of time employed from \_\_\_\_\_ to \_\_\_\_\_  
Responsibilities/Duties \_\_\_\_\_

Salary \_\_\_\_\_ Average Hours per Week \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
*May we contact this employer?*  yes  no

Name of Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Company Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Length of time employed from \_\_\_\_\_ to \_\_\_\_\_  
Responsibilities/Duties \_\_\_\_\_

Salary \_\_\_\_\_ Average Hours per Week \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
*May we contact this employer?*  yes  no

Name of Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Company Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Length of time employed from \_\_\_\_\_ to \_\_\_\_\_  
Responsibilities/Duties \_\_\_\_\_

Salary \_\_\_\_\_ Average Hours per Week \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
*May we contact this employer?*  yes  no

Name of Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Company Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Length of time employed from \_\_\_\_\_ to \_\_\_\_\_  
Responsibilities/Duties \_\_\_\_\_

Salary \_\_\_\_\_ Average Hours per Week \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

May we contact this employer?  yes  no

**PROGRAM INFORMATION/INTEREST:**

Please indicate on the following list any interest, experience, or talent you may have in these areas. Be specific.

Child Care: \_\_\_\_\_

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Program Planning: \_\_\_\_\_

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Teaching: \_\_\_\_\_

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Tutoring: \_\_\_\_\_

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Dance/Gymnastics: \_\_\_\_\_

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Arts and Crafts: \_\_\_\_\_

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Physical Education/Sports: \_\_\_\_\_

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Music: \_\_\_\_\_

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Camping/Nature Study: \_\_\_\_\_

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Drama: \_\_\_\_\_

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Counseling: \_\_\_\_\_

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List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment. \_\_\_\_\_

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Write a brief statement about why you would like to work for Girls Incorporated? Also, how would you help us inspire girls to be Strong, Smart, and Bold?

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**PERSONAL REFERENCES:** Please list three references other than relatives or previous employers that have known you two or more years.

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

### APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the statements and information provided in this employment application are true and complete to the best of my knowledge and authorize Girls Incorporated of Owensboro-Daviess County to verify and investigate their accuracy and to obtain reference information on my work performance. I hereby release Girls Incorporated of Owensboro-Daviess County from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. Furthermore, I release from all liability anyone supplying such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause. Furthermore, I understand that the Employer and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_