

GIRLS INC. OF GREATER SANTA BARBARA (GIGSB) is an equal opportunity employer. Applicants are considered on the basis of skills, experience and qualifications without regard to race, color, religion, age, sex, sexual orientation, pregnancy, national origin, disability, military status, citizenship, gender identity, genetic information, political belief, medical condition, ancestry, marital status or any other legally protected status.

PERSONAL DATA (PLEASE PRINT)		
NAME (LAST, FIRST, MIDDLE INITIAL)	OTHER NAME(S) USED	DATE
STREET ADDRESS	CITY, STATE, ZIP CODE	PHONE
HOW DID YOU LEARN ABOUT GIRLS INC. OF GREATER SANTA BARBARA?	E-MAIL ADDRESS	ALTERNATE PHONE

POSITION		
POSITION DESIRED	<input type="checkbox"/> SANTA BARBARA CENTER <input type="checkbox"/> GOLETA VALLEY CENTER <input type="checkbox"/> TEEN CENTER <input type="checkbox"/> GYMNASTICS PROGRAM <input type="checkbox"/> OTHER _____	

SCHEDULE DESIRED <input type="checkbox"/> FULL TIME WORK <input type="checkbox"/> PART TIME WORK	TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> REGULAR EMPLOYMENT <input type="checkbox"/> TEMPORARY EMPLOYMENT	If part-time work, what hours and days are you available?
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WERE YOU PREVIOUSLY EMPLOYED BY GIGSB OR ANOTHER GIRLS INC. AFFILIATE? If yes, please specify affiliate, dates employed and last position held. YES NO

DO YOU HAVE FRIENDS OR RELATIVES WORKING FOR GIGSB OR ANOTHER GIRLS INC. AFFILIATE? If yes, please provide name(s). Note: Relatives may not report to one another or be placed where employment may cause a conflict of interest. YES NO

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMMODATION? If no, please describe the functions that cannot be performed. YES NO

CAN YOU, AT TIME OF HIRE, SUBMIT VERIFICATION OF ELIGIBILITY TO WORK IN THE UNITED STATES? YES NO

AS A CONDITION OF EMPLOYMENT, GIGSB REQUIRES A HEALTH SCREENING, TB TEST, AND DRUG SCREENING, A BACKGROUND/DMV CHECK, AND FINGERPRINTING. PLEASE INDICATE YOUR AUTHORIZATION TO PROCEED.	Initial Here _____ I authorize a Health/TB/Drug test	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Initial Here _____ I authorize a background/DMV check	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Initial Here _____ I authorize fingerprinting	<input type="checkbox"/> YES <input type="checkbox"/> NO

IF YOU ARE A MINOR (UNDER THE AGE OF 18), DO YOU HAVE THE REQUIRED WORK AUTHORIZATIONS? YES NO

EDUCATION			
SCHOOL NAME	CITY AND STATE	MAJOR SUBJECTS	NUMBER OF YEARS COMPLETED OR DEGREE AWARDED
High School		Did you graduate from high school or receive a GED? If no, what was the last grade you completed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Junior College/Trade School			
University/Undergraduate Level			
University/Graduate Level			
Other			

ACTIVITIES, ORGANIZATIONS AND SPECIAL ACHIEVEMENTS

PLEASE LIST ACTIVITIES, ORGANIZATIONS AND SPECIAL ACHIEVEMENTS WHICH YOU FEEL WILL BE OF IMPORTANCE IN YOUR WORK AT GIRLS INC. OF GREATER SANTA BARBARA (LANGUAGES, CERTIFICATIONS, TRAINING, PROFESSIONAL ORGANIZATIONS, ETC.).

RELEVANT COURSEWORK (THIS APPLIES TO PROGRAM POSITIONS AT THE SANTA BARBARA AND GOLETA VALLEY CENTERS)

FOR COMMUNITY CARE LICENSING PURPOSES, PLEASE LIST RELEVANT COURSEWORK IN THE FOLLOWING AREAS: PSYCHOLOGY, SOCIOLOGY, ART, MUSIC, DANCE, DRAMA, EDUCATION AND RECREATION.

WORK HISTORY

List all positions held in the past ten years. Do not omit any employment during this period, even if it was short-term or temporary. Begin with your most recent employer. Use an additional sheet if needed. You may include military service and training.

Employer	Type of Business	Telephone
Address [street, city, state, zip code]		Position Held
Reason for Leaving	Dates Employed From: _____ To: _____	
Supervisor's Name and Title		May we contact now? <input type="checkbox"/> YES <input type="checkbox"/> NO
Responsibilities		

Employer	Type of Business	Telephone
Address [street, city, state, zip code]		Position Held
Reason for Leaving	Dates Employed From: _____ To: _____	
Supervisor's Name and Title		
Responsibilities		

Employer	Type of Business	Telephone
Address [street, city, state, zip code]		Position Held
Reason for Leaving	Dates Employed From: _____ To: _____	
Supervisor's Name and Title		
Responsibilities		

Employer	Type of Business	Telephone
Address [street, city, state, zip code]		Position Held
Reason for Leaving	Dates Employed From: _____ To: _____	
Supervisor's Name and Title		
Responsibilities		

REFERENCES

List three people who have knowledge of your character, ability and experience. Do not include people related to you.

NAME/TITLE	RELATIONSHIP	COMPANY AND LOCATION	E-MAIL ADDRESS	TELEPHONE NUMBER

THE FOLLOWING INFORMATION IS VERY IMPORTANT. PLEASE READ IT CAREFULLY BEFORE SIGNING THIS APPLICATION.

I authorize investigation of all statements contained in this application. I will not hold GIGSB liable in any respect if an employment offer is not extended, is withdrawn, or if my employment is terminated as a result of misrepresentation or omission of facts on this application, on my resume, or on any other related document.

I understand that additional information may be required as part of an employment offer. As a condition of employment, I authorize GIGSB to conduct a health/TB/drug screening test, and a background and DMV check at the Organization's discretion. I also consent to fingerprinting and providing Vaccination Records.

I understand that my employment with GIGSB is at-will, and that I or the Organization may terminate my employment at any time, for any reason or for no reason, with or without notice, and without further obligation. The at-will agreement can be modified only by written authorization of the CEO. I further understand that if I am employed by GIGSB, future employment terms and conditions, performance appraisals, wage or position changes, and other employment-related activities are at the discretion of the Organization and do not imply a promise of continued employment.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND EACH AND ALL OF THESE STATEMENTS.

Signature (Acknowledgment)

Date