

Announcement

Date: June 7, 2013
To: Hawaii Area 17
From: Ken K Hawaii Area 17 Delegate Panel 63
Re: GSO Staff Member Employment

Dear Friends,

Applications are once again being sought for a G.S.O. staff member. G.S.O. staff are members of Alcoholics Anonymous who rotate through the various assignments such as Corrections, Public Information, Treatment Facilities/Special Needs, Literature, Conference, etc. They also correspond with A.A.s on all aspects of recovery and service. Additionally, they represent the General Service Office at A.A. functions throughout the U.S. and Canada and provide the primary staff support for the General Service Board and the annual General Service Conference.

Desirable qualifications include excellent communication and organizational skills, good computer skills, as well as the ability to work independently and as a team member. A.A. service experience will also be taken into consideration in addition to a willingness to relocate to New York City, if necessary. Fluency in French or Spanish is desirable. A minimum of six years sobriety is required. This opening will be available late 2013 or early 2014.

Attached is an "A.A.W.S. Application for Staff Employment" that we hope you will share with members who are interested in serving on our staff and meet the basic requirements outlined above.

For additional information regarding the General Service Office staff member position, please see the Feb/March 2005 *Box 4-5-9* article, "G.S.O. Staff Member – A Job Like No Other" at www.aa.org/lang/en/en_pdfs/en_box459_febmar05.pdf.

We will welcome applications up to *August 1*. Interested members may apply via email at staffcoord@aa.org, postal mail or fax, (212) 870-3003.

Alcoholics Anonymous World Services, Inc.

475 Riverside Drive
11th Floor
New York, NY 10115
212-870-3400
www.aa.org

APPLICATION FOR EMPLOYMENT

A.A.W.S., Inc. IS AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, religion, creed, color, gender, national origin, citizenship status, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

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|--|---|-------|--------|----------------------------|
| P E R S O N A L | LAST NAME | FIRST | MIDDLE | DATE |
| | HOME ADDRESS | | | TELEPHONE NUMBER(S) |
| | CITY, STATE, ZIP | | | HOME: _____ CELL: _____ |
| | MAILING ADDRESS (IF DIFFERENT FROM ABOVE) | | | E-MAIL ADDRESS |
| | HOW WERE YOU REFERRED TO AAWS, Inc.? | | | |
| <input type="checkbox"/> NEWSPAPER ADVERTISEMENT <input type="checkbox"/> INTERNET (WEBSITE): _____ <input type="checkbox"/> FRIEND/RELATIVE <input type="checkbox"/> WALK-IN <input type="checkbox"/> OTHER: _____ | | | | |

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|---|---|--|
| G E N E R A L | POSITION(S) YOU ARE APPLYING FOR: | |
| | ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S. FOR ANY EMPLOYER? | ARE YOU UNDER 18 YEARS OF AGE? |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No | CAN YOU TRAVEL IF A JOB REQUIRES IT? |
| | IF YES, LIST DEPARTMENT AND DATES: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH AAWS, Inc.? | HAVE YOU SERVED IN THE U.S. MILITARY? |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | MAY WE CONTACT YOUR CURRENT OR FORMER EMPLOYER? | ARE YOU CURRENTLY EMPLOYED? |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | ARE YOU SEEKING FULL-TIME, PART-TIME OR TEMPORARY EMPLOYMENT? PLEASE CHECK ALL THAT APPLY | |
| <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY | | |
| WHAT DAYS ARE YOU AVAILABLE TO WORK (PART-TIME ONLY)? PLEASE CHECK ALL THAT APPLY | | |
| <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY | | |
| WHEN WILL YOU BE AVAILABLE TO BEGIN WORK? | ARE YOU WILLING TO WORK OVERTIME IF ASKED? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR IN ANY JURISDICTION? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| DO YOU HAVE ANY PENDING ARREST OR CRIMINAL ACCUSATIONS AGAINST YOU IN ANY JURISDICTION? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| PLEASE NOTE: CONVICTION OR PENDING ARREST, OR CRIMINAL ACCUSATIONS WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT | | |
| IF YES, PLEASE EXPLAIN EACH OFFENSE, OUTCOME AND DATES: | | |
| 1. OFFENSE: _____ | OUTCOME: _____ DATES: _____ | |
| 2. OFFENSE: _____ | OUTCOME: _____ DATES: _____ | |

| E D U C A T I O N | SCHOOL | NAME AND ADDRESS OF SCHOOL | COURSE OF STUDY | # OF YEARS COMPLETED | DID YOU GRADUATE? | DEGREE OR DIPLOMA |
|---|-----------------------|----------------------------|-----------------|----------------------|---|-------------------|
| | HIGH SCHOOL | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | TECHNICAL SCHOOL | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | UNDERGRADUATE COLLEGE | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | GRADUATE COLLEGE | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | OTHER | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

LIST ANY COMPUTER SKILLS YOU HAVE, SUCH AS OUTLOOK, WORD, EXCEL, POWERPOINT, ETC.

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LIST CURRENT PROFESSIONAL CERTIFICATIONS AND LICENSES YOU HAVE. INCLUDE EXPIRATION DATES IF APPLICABLE.

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DESCRIBE ANY SPECIAL TRAINING, APPRENTICESHIPS, SKILLS, OR EXPERIENCE WITH INDIVIDUALS WITH SPECIAL NEEDS.

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OPTIONAL – IF YOU WOULD LIKE TO BE CONSIDERED FOR A POSITION WHICH REQUIRES PROFICIENCY IN ANOTHER LANGUAGE, PLEASE INDICATE THE LANGUAGE (S) YOU ARE FLUENT IN AND LEVEL OF PROFICIENCY:

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|----------|--|--------------------------------|-------------------------------|--------------------------------|
| LANGUAGE | <input type="checkbox"/> BASIC KNOWLEDGE | <input type="checkbox"/> SPEAK | <input type="checkbox"/> READ | <input type="checkbox"/> WRITE |
| LANGUAGE | <input type="checkbox"/> BASIC KNOWLEDGE | <input type="checkbox"/> SPEAK | <input type="checkbox"/> READ | <input type="checkbox"/> WRITE |
| LANGUAGE | <input type="checkbox"/> BASIC KNOWLEDGE | <input type="checkbox"/> SPEAK | <input type="checkbox"/> READ | <input type="checkbox"/> WRITE |

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION.

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EMPLOYMENT

PLEASE GIVE ACCURATE, COMPLETE FULL-TIME AND PART-TIME EMPLOYMENT RECORD. START WITH YOUR PRESENT OR MOST RECENT EMPLOYER.

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|----------|--|---|
| 1 | COMPANY NAME | TELEPHONE () |
| | ADDRESS | EMPLOYED—(STATE MONTH/YEAR) FROM TO |
| | NAME OF SUPERVISOR | HOURLY OR YEARLY SALARY START END |
| | STATE JOB TITLE AND DESCRIBE YOUR WORK | REASON FOR LEAVING |
| 2 | COMPANY NAME | TELEPHONE () |
| | ADDRESS | EMPLOYED—(STATE MONTH/YEAR) FROM TO |
| | NAME OF SUPERVISOR | HOURLY OR YEARLY SALARY START END |
| | STATE JOB TITLE AND DESCRIBE YOUR WORK | REASON FOR LEAVING |
| 3 | COMPANY NAME | TELEPHONE () |
| | ADDRESS | EMPLOYED—(STATE MONTH/YEAR) FROM TO |
| | NAME OF SUPERVISOR | HOURLY OR YEARLY SALARY START END |
| | STATE JOB TITLE AND DESCRIBE YOUR WORK | REASON FOR LEAVING |
| 4 | COMPANY NAME | TELEPHONE () |
| | ADDRESS | EMPLOYED—(STATE MONTH/YEAR) FROM TO |
| | NAME OF SUPERVISOR | HOURLY OR YEARLY SALARY START END |
| | STATE JOB TITLE AND DESCRIBE YOUR WORK | REASON FOR LEAVING |

PLEASE EXPLAIN ANY MISSING PERIODS OF TIME DURING YOUR EMPLOYMENT HISTORY.

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REFERENCES

PLEASE INCLUDE AT LEAST TWO SUPERVISORS

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| NAME | TELEPHONE NUMBER |
| ADDRESS | MOBILE NUMBER |
| CITY STATE ZIP | FAX NUMBER |
| E-MAIL | |
| IS THIS A WORK OR PERSONAL REFERENCE? <input type="checkbox"/> WORK <input type="checkbox"/> PERSONAL | WAS THIS PERSON YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| IF THIS IS A WORK REFERENCE, PLEASE LIST COMPANY NAME: | |

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| | |
|--|--|
| NAME | TELEPHONE NUMBER |
| ADDRESS | MOBILE NUMBER |
| CITY STATE ZIP | FAX NUMBER |
| E-MAIL | |
| IS THIS A WORK OR PERSONAL REFERENCE? <input type="checkbox"/> WORK <input type="checkbox"/> PERSONAL | WAS THIS PERSON YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| IF THIS IS A WORK REFERENCE, PLEASE LIST COMPANY NAME: | |

3

| | |
|--|--|
| NAME | TELEPHONE NUMBER |
| ADDRESS | MOBILE NUMBER |
| CITY STATE ZIP | FAX NUMBER |
| E-MAIL | |
| IS THIS A WORK OR PERSONAL REFERENCE? <input type="checkbox"/> WORK <input type="checkbox"/> PERSONAL | WAS THIS PERSON YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| IF THIS IS A WORK REFERENCE, PLEASE LIST COMPANY NAME: | |

A.A. AND RELATED EXPERIENCE

1. WHAT WAS THE DATE OF YOUR LAST DRINK?

2. WHAT A.A. SERVICE EXPERIENCE HAVE YOU HAD?

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A. INTERGROUP OR CENTRAL OFFICE?

IF YES, PLEASE EXPLAIN:

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B. AREA SERVICE STRUCTURE?

IF YES, PLEASE EXPLAIN

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3. HAVE YOU EVER WORKED IN THE ALCOHOLISM FIELD?

AS A VOLUNTEER? Yes No

AS A PROFESSIONAL? Yes No

IF YES, PLEASE EXPLAIN:

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4. HAVE YOU HAD EXPERIENCE DEALING WITH THE PUBLIC IN ANY POSITION? Yes No

IF YES, PLEASE EXPLAIN:

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REFERENCES

NAME:

TELEPHONE:

ADDRESS:

NAME:

TELEPHONE:

ADDRESS:

NAME:

TELEPHONE:

ADDRESS:

AGREEMENT (Please read the following statements carefully)

I understand that A.A.W.S., Inc. and A.A. Grapevine, Inc. follow an employment at will policy, in accordance with New York State law, which means that the employer or I may terminate my employment at any time, or for any reason consistent with applicable state or Federal law. I understand, further, that this application is not a contract of employment. No supervisor or management employee has the authority to enter into any understanding or agreement to the contrary. Moreover, I understand that to be employed I must be fully authorized to work in the United States, and I must show the employer I-9 documents that will prove this.

I understand my employer will thoroughly investigate my work history and verify all data given on this application, on related papers, and in interviews.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby grant permission to A.A.W.S., Inc. and A.A. Grapevine, Inc. to verify all the information I have provided on this application form. I also agree to execute as a condition of employment or a condition of continued employment any additional written authorizations necessary for A.A.W.S., Inc. and A.A. Grapevine, Inc. to obtain access to and copies of records pertaining to this information. With regard the foregoing disclosure, I hereby agree to release any person, company, or other entity from any and all causes of action that otherwise might arise from supplying this information pursuant to this release. I understand that any false answers or statements, or misrepresentations by omission, made by me on this application or any related document, will be sufficient for rejection of my application or for my immediate discharge should such falsification or misrepresentation be discovered after I am employed.

Signature of Applicant

Date