_____ Council
Application for Employment—Seasonal Camp Staff

An Equal Opportunity Employer

The _____ Council, Boy Scouts of America, is an equal opportunity employer. The _____ Council does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical disability, military status, or unfavorable discharge from military service.

In accordance with Boy Scouts of America qualifications and requirements, I hereby subscribe to the Scout Oath or Promise, Law, and the declaration of religious principle. I agree to abide by the Charter, Bylaws, and Rules and Regulations of the Boy Scouts of America.

Applicants are not required to give any information on this form that is prohibited by federal, state, or local law.

All camp staff members must be registered members of the Boy Scouts of America.

Name: _____

Preferred Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Age 18 or older? Yes ❑ No ❑ Relative employed by the council? Yes ❑ No ❑

Desired start date: _____ If relative employed, name: _____

(Date Format–mm/dd/yyyy)

Have you ever been employed by the council? If so, when? _____

How were you referred to the council? _____

If by an individual and/or organization, give the name. _____

List all specialized skills and training applicable to the position for which you are applying.

_____

_____

_____

_____

_____

Education

(Attach information about other degrees or diplomas earned or in progress on a separate sheet. Also include technical or business training.)

Highest Degree: _____

GPA: _____ Graduated: Yes ❑ No ❑

Major: _____

School: _____

Location: _____

Licenses and Certifications

(Attach information about other licenses or certifications on a separate sheet.)

License or Certificate: _____

Issue Date: _____ License No. (if applicable): _____

(Date Format–mm/dd/yyyy)

Issued by: _____

State/Country: _____ Expiration Date: _____

(Date Format–mm/dd/yyyy)

Prior Work Experience

Include any employment prior to today's date, even if that employment has not ended. For more than two employers, submit the information in the same format on another sheet. Include military experience as if an employer, including branch, rank, and date of discharge.

Last Employer: _____

May we contact your current employer? Yes ❑ No ❑

Address: _____

City: _____ State: _____ Zip Code: _____

Supervisor Name: _____ Phone: _____

Start Date: _____ End Date: _____ Ending Pay Rate: _____ per _____

(Date Format–mm/dd/yyyy) **(Date Format–mm/dd/yyyy)**

Ending Position or Rank: _____

Reason for Leaving*: _____

Previous Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Supervisor Name: _____ Phone: _____

Start Date: _____ End Date: _____ Ending Pay Rate: _____ per _____

(Date Format–mm/dd/yyyy) **(Date Format–mm/dd/yyyy)**

Ending Position or Rank: _____

Reason for Leaving*: _____

*Have you ever been terminated or asked to resign from any job? _____ If so, give details on a separate sheet.

Camp Applying For: _____ **Desired Position:** _____

Boy Scout/Youth Experience:

Council: _____

Unit Number: _____ No. of Years Tenure as Youth: _____ Adult: _____

Offices Held: _____

Achievements: _____

Special Training Completed: _____

List Hobbies and Special Interests: _____

References Give the names of three persons not related to you whom you have known for at least three years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

Applicants are subject to background investigations, including criminal background checks.

In compliance with federal law, all persons hired will be required to verify their identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Please read carefully before signing:

I attest with my signature below that I have given the _____ Council, Boy Scouts of America, true and complete information on this application. No requested information has been concealed. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that the results of any investigation may be disclosed to other employees involved in the hiring process and I consent to the dissemination of the results of any investigation to such employees. I authorize the _____ Council, Boy Scouts of America, to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the _____ Council, Boy Scouts of America, to hire me. If I am hired, I understand that either the _____ Council, Boy Scouts of America, or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative other than the Scout executive has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

_____ _____

Signature Date

_____ COUNCIL
BACKGROUND INVESTIGATION
DISCLOSURE AND AUTHORIZATION

For Use With _____ Council Employment Application

In making this application I understand that investigative reports, which may include information regarding any criminal background, my creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, may be made. I authorize the _____ Council to procure or cause to be procured such reports. Such a report may be a "consumer report" or an "investigative consumer report" within the meaning of the Fair Credit Reporting Act ("FCRA"), in which event I am entitled, upon my request in writing, to receive a complete and accurate disclosure of the nature and scope of the investigation requested by the _____ Council and a summary of my rights under the FCRA.

I also understand that under the FCRA, before taking any adverse employment action based in whole or in part on a consumer report or investigative consumer report, the _____ Council must provide me with a copy of the report and a written description of my rights under the FCRA. In addition, if any adverse action is taken against me based in whole or in part on any information contained in a consumer report, the _____ Council must give me a notice. The notice may be given in writing, orally, or by electronic means and must include the following:

- The name, address, and telephone number of the consumer reporting agency (including a toll-free telephone number established by the agency, if it is a nationwide consumer reporting agency) that provided the report.
- A statement that the consumer reporting agency did not make the adverse decision and is not able to explain why the decision was made.
- A statement setting forth my right to obtain a free disclosure of my file from the consumer reporting agency if I request the report within 60 days.
- A statement setting forth my right to dispute directly with the consumer reporting agency the accuracy or completeness of any information provided by the consumer reporting agency.

_____ _____

Signature Date

_____

Printed Name

722-042
2013 Printing