

# Council Application for Employment— Seasonal Camp Staff

An Equal Opportunity Employer

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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.

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Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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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? \_\_\_\_\_

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How were you referred to the council? \_\_\_\_\_

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

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

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**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: \_\_\_\_\_

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**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			

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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.

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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.

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Signature

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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