Application for Employment

An Equal Opportunity Employer

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

The Boy Scouts of America is an equal opportunity employer. The Boy Scouts of America is committed to equal employment opportunity and compliance with all applicable federal, state, and local laws that prohibit workplace discrimination and unlawful retaliation, such as those that prohibit discrimination on the basis of race, color, national origin, religion, age, sex (including pregnancy, childbirth, breastfeeding, or related medical condition), gender, sexual orientation, marital or familial status, genetic information, citizenship status, protected activity (such as opposition to or reporting of prohibited discrimination and harassment), or any other status or classification protected by applicable federal, state, and/or local laws.

New hires undergo an evaluation period during which performance and conduct will be monitored closely. <u>THIS APPLICATION DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR DOES IT GUARANTEE EMPLOYMENT WITH THE BSA.</u>

Name:						
Preferred Name:						
Address:						
City:	State: Zip Code:					
Phone:	Email:					
Age 18 or older? Yes No No	Relative employed by the BSA? Yes No					
	Desired start date: If relative employed, name:					
(Date Format-mm/dd/yyyy) No immediate family member—spouse, brother, sister, parent, stepparent, child, in-law, grandparent, or grandchild—of a regular employee of the National Council may be employed in any capacity, regular or temporary, by the Boy Scouts of America at the same national facility (or facilities, if located in the same geographical location) except where prohibited by state law.						
Have you ever been employed by the BSA?	If so, when?					
How were you referred to the Boy Scouts of America? 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	Highest Degree:				
(Attach information about other degrees or diplomas	GPA:			⁄es 🔲 No 🛄	
earned or in progress on a separate sheet. Also include	Major:				
technical or business training.)	School:				
	Location:				
Licenses and Certifications	License or Certificate:				
(Attach information about	Issue Date:		License No. (if applicab	le):	
other licenses or certifications on a separate sheet.)	(Date Format-mm/dd/yyyy)				
,	Issued by:				
	State/Country:		Expiration Da	ite:	
				(Date Format-mm/dd/yyyy)	
Prior Work Experience	submit the information branch, rank, and da	on in the same forma te of discharge. The	date, even if that employment has not t on another sheet. Include military ex type of discharge will not be an auton plied for. You may include any verified	natic bar to employment and will be	
Last Employer:					
If current employer, OK to	contact? Yes 🔲 N	o 🔲			
Address:					
City:		State:	Zip Code:		
Supervisor Name:			Phone:		
Start Date:	End Date:		Ending Pay Rate:	per	
(Date Format-mm/	/dd/yyyy) (Date F	ormat-mm/dd/yyyy)		
Ending Position or Rank:					
Reason for Leaving*:					
Previous Employer:					
Supervisor Name:			Phone:		
Start Date:	End Date:		Ending Pay Rate:	per	
(Date Format-mm/	/dd/yyyy) (Date F	ormat-mm/dd/yyyy)		
Ending Position or Rank:					

Previous Employer:				
Address:				
City:	State:	Zip Code:		
Supervisor Name:		Phone:		
Start Date:	End Date:	Ending Pay Rate:	per	
(Date Format-mm/dd/yyy	y) (Date Format–mm/dd	I/yyyy)		
Ending Position or Rank:				
Reason for Leaving*:				
*Have you ever been discharged or asked to resign from any job? If so, give details on a separate sheet.				
Are you currently eligible to wor indefinite basis? Yes \(\bigcup \) No		nthorized to work for the BSA on an	ongoing,	
Will you now or in the future require sponsorship by the BSA to attain or maintain your employment eligibility? Yes 🔲 No 🔲				

Please read carefully before signing:

In making this application, it is understood that an investigative report may be made, which may include information about your business or personal life. This information may be obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted, and, when deemed necessary, by obtaining reports from consumer or credit reporting agencies. Under some circumstances, certain reports may be "consumer reports" or "investigative consumer reports" to which, under the Fair Credit Reporting Act, you are entitled, upon your request in writing, to receive a complete and accurate disclosure of the nature and scope of the investigation requested by the Boy Scouts of America. You will be provided disclosure and authorization forms prior to any consumer report or investigative consumer report being conducted by a third party in accordance with the Fair Credit Reporting Act and applicable state law.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize all my previous employers, schools, and other references to furnish this information requested. 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 hereby declare that the information provided by me in the Application for Employment is accurate and complete. I understand that any falsification or misrepresentation in this application may result in my disqualification for consideration for employment or in my discharge regardless of when such false or misleading information is discovered.

I further understand that the completion of an application with the BSA is a preliminary step to employment and it does not obligate the BSA to offer employment to me or for me to accept employment. I understand that my employment can be terminated, with or without cause, at any time at the discretion of either the company or myself. I understand that no management official other than the Chief Scout Executive has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

FOR CALIFORNIA APPLICANTS: I RECOGNIZE THAT I MAY WAIVE MY RIGHT TO RECEIVE A COPY OF ANY PUBLIC RECORD OBTAINED BY THE COMPANY WHEN CONDUCTING A BACKGROUND INVESTIGATION OF ME PER THE REQUIREMENTS OF CALIFORNIA'S INVESTIGATIVE CONSUMER REPORTING AGENCIES ACT (CALIFORNIA CIVIL CODE § 1786, ET SEQ.). I MAY WAIVE MY RIGHT BY CHECKING THIS BOX: ☐ I DO NOT WISH TO RECEIVE A COPY OF ANY PUBLIC RECORDS OBTAINED BY THE COMPANY ABOUT ME.

FOR MARYLAND APPLICANTS: UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

FOR MASSACHUSETTS APPLICANTS: IT IS UNLAWFUL IN MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

FOR MONTANA APPLICANTS: THE EMPLOYMENT RELATIONSHIP IS GOVERNED BY THE WRONGFUL DISCHARGE FROM EMPLOYMENT ACT (MONT. CODE ANN. § 39-2-901).

FOR RHODE ISLAND APPLICANTS: IF YOU PROVIDE FALSE INFORMATION ABOUT YOUR ABILITY TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB, WITH OR WITHOUT ACCOMMODATIONS, YOU MAY BE BARRED FROM FILING A CLAIM UNDER THE PROVISIONS OF THE WORKERS' COMPENSATION ACT OF THE STATE OF RHODE ISLAND.

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Signature		Date