## Application for Employment

An Equal Opportunity Employer

	y Scouts of America, is an equal opportunity employer. The Council tof race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, or unfavorable discharge from military service.
Applicants are not required to give any information	on on this form that is prohibited by federal, state, or local law.
Name:	
Preferred Name:	
Address:	
City:	State: Zip Code:
Phone:	Email:
(Date Format-mm/dd/yy	Relative employed by the council? Yes No No I If relative employed, name:
	ve the name.
List all specialized skills and training appli	icable to the position for which you are applying.

Education	Highest Degree:					
(Attach information about other degrees or diplomas earned or in progress on a separate sheet. Also include technical or business training.)	GPA:					
	Major:					
	School:					
	Location:					
Licenses and Certifications	License or Certificate:					
(Attach information about	Issue Date: License No. (if applicable):					
other licenses or certifications on a separate sheet.)	(Date Format–mm/dd/yyyy)					
	Issued by:					
	State/Country: Expiration Date		e:			
			(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 curr	rent employer? Yes 🔲 No 🔲					
•	· · · — —					
	04-4					
	State:					
Supervisor Name:		Phone:				
Start Date:	End Date:	Ending Pay Rate:	per			
(Date Format-mm	/dd/yyyy) (Date Format–mm/dd/yyy	yy)				
Ending Position or Rank:						
Reason for Leaving*:						
Previous Employer:						
Address:						
	State:					
Supervisor Name:		Phone:				
Start Date:	End Date:	Ending Pay Rate:	per			
(Date Format-mm						
Ending Position or Rank:						
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Previous Empl	oyer:				
Address:					
City:		State:	Zip Code:		
Supervisor Nan	ne:		Phone:		
Start Date:		End Date:	Ending Pay Rate:	per_	
(Date I	Format-mm/dd/yyyy	(Date Format-mm/dd/yyyy	)		
Ending Positior	or Rank:				
Reason for Lea	ving*:				
*Have you ever	been terminated	or asked to resign from any job?		If so, give details o	n a separate sheet
	O				
References	Give the names  ame	of three persons not related to your Address, Phone, Email	bu whom you have know Compai		ears.  Years Acquainted
1	anie	Address, Filone, Linaii	Compa	iy .	rears Acquainted
2					
3					
In compliance we complete the recomplete the recomplete the recomplete information contained in this results of any into contact reference to contact reference material information obligation for the the	with federal law, all quired employme efully before signing signature below the nation on this application for expecting the experiment of the compact of th	persons hired will be required to vent eligibility verification document formation.  Ing:  Ing:  Inat I have given the	erify their identity and eligiorm upon hire.  Councinas been concealed. I author arriving at an employment of the denial of employment of the denial of employment of the part of my consideratives of America, to hire mea, or I can terminate my er that no representative oth	I, Boy Scouts of Ame horize investigation on the decision. I underst is and I consent to the Council, Boy Sovided is untrue, or if or immediate dismission for employment is. If I am hired, I under than the Scout experience.	erica, true and if all statements and that the e dissemination of couts of America, I have concealed ial. establishes any restand that either he and for any ecutive has any
		Signature		Dat	e