ATLANTA AREA COUNCIL

Scouting America

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 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, gender identity, marital or familial status, genetic information, citizenship status, protected activity (such as opposition to or reporting of prohibited discrimination or harassment), or any other status or classification protected by applicable federal, state, and/or local laws. This policy of equal employment opportunity applies to all aspects of the employment relationship, including without limitation advertising, recruiting, hiring, training, evaluation, promotion, transfer, work assignments, compensation, benefits, disciplinary action, termination, or any other term, condition, or privilege of employment.

THIS APPLICATION DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR DOES IT GUARANTEE EMPLOYMENT WITH THE BSA.

Name: _____ Date: _____

Preferred Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Age 18 or older? Yes ◯ No ◯

Relative employed by the BSA? Yes ◯ No ◯

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

(Date Format–mm/dd/yyyy)

No relative—spouse, parent, sibling, step-relative, child, in-law, grandparent, or grandchild—or member of the same household 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 did you hear about the BSA opening? _____

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

Position applying for/type of work desired: _____

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 three 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. The type of discharge will not be an automatic bar to employment and will be considered only as it relates to the job applied for. You may include any verified work performed as a volunteer.

Last Employer: _____

If current employer, OK to contact? Yes ◯ No ◯

Address: _____

City: _____ State: _____ Zip Code: _____

Supervisor Name: _____ Phone: _____

Start Date: _____ End Date: _____
(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: _____
(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: _____
(Date Format–mm/dd/yyyy) **(Date Format–mm/dd/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 work in the United States and authorized to work for the BSA on an ongoing, indefinite basis? Yes ◯ No ◯

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:

Those applicants requiring reasonable accommodation in the application process should contact BSA Human Resources.

I authorize investigation by the BSA 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.

_____ _____

Signature Date

Signature must be handwritten. We are unable to accept an electronic signature.

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