



Kerr Scout Ranch at Slippery Falls

Last Frontier Council Application for Employment - Seasonal Camp Staff

An Equal Opportunity Employer

The Last Frontier Council, Boy Scouts of America, is an equal opportunity employer. The Last Frontier 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 during the term of employment.

PLEASE PRINT CLEARLY:

Name: _____ Preferred Name: _____
FIRST MIDDLE LAST SUFFIX

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Email: _____

Alternate Address: _____

City: _____ State: _____ ZIP: _____

Alternate Phone number: _____ Best time to call: _____

Age 18 or older? Yes No

Relative employed by our council? Yes No

Have you been previously employed by the BSA? If relative employed, name: _____

Yes No If yes, council name and camp: _____

EDUCATION:

Highest degree OR current year of school: _____

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): _____

Issued by: _____

State/Country: _____ Expiration Date: _____

SPECIALIZED SKILLS AND TRAINING: (List all skills and training applicable to camp staff.)

Name: _____

LAST

FIRST

MI

SCOUTING EXPERIENCE (Not mandatory for employment)

Number of Years as: Youth: _____ Adult: _____

Council: _____ Unit: _____

Current Position: _____ Other Positions Held: _____

Highest Youth Rank: _____

Achievements: _____

Special Training Completed: _____

MUSIC PERFORMANCE:

Do you play a musical instrument? Yes No Instrument(s): _____

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. Include past summer camp experience as well.

Last/Current Employer: _____ May we contact your current employer? Yes No

Address: _____

City: _____ State: _____ ZIP: _____

Supervisor's name: _____ Phone: _____

Start Date: _____ End date: _____ Ending Position or Rank: _____

Reason for Leaving*: _____

Previous Employer: _____

Address: _____

City: _____ State: _____ ZIP: _____

Supervisor's name: _____ Phone: _____

Start Date: _____ End date: _____ 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.

REFERENCES

New applicants should submit three references, not related to you, one from each category listed below. Please have each reference complete a Camp Staff Reference Form and return it to the Council address provided.

1. **Adult member of Scouting unit, school official, or current employer:**
2. **Community organization leader, club leader, coach, or past employer:**
3. **Teacher, supervisor, or associate:**

Name	Phone & Email	Company/Organization	Years Acquainted
1.			
2.			
3.			

Last Frontier COUNCIL
BACKGROUND INVESTIGATION
DISCLOSURE AND AUTHORIZATION

For Use With Last Frontier 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 Last Frontier 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 Last Frontier 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 Last Frontier 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 Last Frontier 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.

Date

Signature