

# Crossroads of America Council Application for Employment

An Equal Opportunity Employer

The Crossroads of America Council, Boy Scouts of America, is an equal opportunity employer. The Crossroads of America 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.

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

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

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

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

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

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

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? \_\_\_\_\_

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

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.

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

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.

**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			

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.

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## APPLICANT'S ACKNOWLEDGMENT AND AUTHORIZATION

I have carefully read this notice and authorization form and I hereby authorize the council and \_\_\_\_\_ to procure a consumer report, which as described above will include information relating to my criminal history as received from reporting agencies. I understand that this information will be used to determine my eligibility for employment with the council. I also understand that as long as I remain employed, additional consumer reports may be procured at any time. I understand that if the council chooses not to accept my application or to terminate employment based on information contained in a consumer report, I will receive a summary of my rights under the Fair Credit Reporting Act and contact information for the reporting agency, \_\_\_\_\_.

### ADDITIONAL NOTICES TO CALIFORNIA, MINNESOTA, OKLAHOMA, AND NEW YORK APPLICANTS

#### California

Under California law, the consumer reports described above that the council will procure on you are defined as investigative consumer reports. These reports will be procured in connection with your application for employment, and additional reports may be procured at any time during your employment in order to evaluate your continued suitability for employment. The reports may include information on your character, general reputation, personal characteristics, and mode of living.

Under section 1786.22 of the California Civil Code, you may inspect the file maintained on you by \_\_\_\_\_, during normal business hours and with proper identification. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication, by appearing at \_\_\_\_\_ offices in person, during normal business hours and on reasonable notice, or by certified mail upon making a written request. You may also receive a summary of the information contained in this file by telephone. \_\_\_\_\_ will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information. This written explanation will be provided whenever a file is provided to you for visual inspection. If you appear in person, you may be accompanied by one other person of your choosing, who must furnish reasonable identification.

#### For Applicants in California, Minnesota, and Oklahoma Only

You have the right to request a free copy of any report procured on you. If you wish to receive a free copy of any report procured on you, check the box below.

I request a free copy of any report procured on me.

#### New York

As explained above, a consumer report will be requested in connection with your application, and additional consumer reports may be requested during the course of your employment with the council. You have the right, upon request, to be informed whether or not a consumer report was requested and, if a consumer report was requested, of the name and address of the consumer reporting agency that furnished the consumer report.

I hereby declare that the information provided by me in this Application for Employment is accurate and complete to the best of my knowledge. I understand that any falsification or misrepresentation in this application is cause for rejection of my application or termination. My signature below indicates that I have read, understand, and accept the accompanying disclosures and acknowledgments.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date