

Prepared. For Life.™



GLACIER'S EDGE COUNCIL, INC.

5846 Manufacturer's Drive | Madison, WI 53704-6278 | 608.273.1005 | www.glaciersedge.org

APPLICATION FOR SEASONAL CAMP STAFF EMPLOYMENT

The Glacier's Edge Council, Boy Scouts of America, is an equal opportunity employer. The Glacier's Edge 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 service, or unfavorable discharge from military service.

In accordance with Boy Scout 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.

Name: _____ **Preferred Name:** _____

Permanent Address: _____
City: _____ **State:** _____ **ZIP Code:** _____

Temporary (College) Address: _____
City: _____ **State:** _____ **ZIP Code:** _____

Home Phone: _____ **College Phone:** _____

Email: _____ **T-Shirt Size:** _____

Age 18 or older? Yes No Relative employed by the council? Yes No

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

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:

CAMPS OPTIONS

- Camp Indian Trails (CIT) Ed Bryant Scout Reservation (EBSR)
 Regional Cub Programs (RDC)

EDUCATION

Attach information about other degrees or diplomas earned or in progress on a separate sheet.

Highest Degree: _____ GPA: _____
Major: _____

Updated for 2016

EDUCATION CONTINUED

School: _____

Location: _____

Other technical or business training:

LICENSES AND CERTIFICATIONS

License or Certificate: _____

Issue Date: _____ Licenses No. (if applicable) _____

Issued by: _____

State/Country: _____ Expiration Date: _____

Do you hold current BSA National Camping School certification? Yes No

If yes, list section(s): _____ Expiration: _____

_____ Expiration: _____

_____ Expiration: _____

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 _____

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 _____

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.

BOY SCOUT/YOUTH EXPERIENCE

Council: _____ Unit Number: _____

No. of years as: _____ Youth _____ Adult

Offices Held: _____

Scout Rank: _____ Order of the Arrow: _____

Achievements: _____

BOY SCOUT/YOUTH EXPERIENCE

Special Training Completed:

List Hobbies and Special Interests:

SKILLS

- | | | |
|---|--|--|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Forestry | <input type="checkbox"/> Small-boat Sailing |
| <input type="checkbox"/> Art | <input type="checkbox"/> Geocaching | <input type="checkbox"/> Soil & Water Conservation |
| <input type="checkbox"/> Astronomy | <input type="checkbox"/> Geology | <input type="checkbox"/> Space Exploration |
| <input type="checkbox"/> Backpacking | <input type="checkbox"/> Golf | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Basketry | <input type="checkbox"/> Hiking | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Bird Study | <input type="checkbox"/> Indian Lore | <input type="checkbox"/> Water Sports |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Insect Study | <input type="checkbox"/> Weather |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Kayaking | <input type="checkbox"/> Whitewater |
| <input type="checkbox"/> Chess | <input type="checkbox"/> Leatherwork | <input type="checkbox"/> Wilderness Survival |
| <input type="checkbox"/> Citizenship in the Community | <input type="checkbox"/> Lifesaving | <input type="checkbox"/> Wood Carving |
| <input type="checkbox"/> Citizenship in the Nation | <input type="checkbox"/> Mammal Study | |
| <input type="checkbox"/> Citizenship in the World | <input type="checkbox"/> Motorboating | OTHER SKILLS: |
| <input type="checkbox"/> Climbing | <input type="checkbox"/> Nature | <input type="checkbox"/> Leave No Trace |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Oceanography | <input type="checkbox"/> Climb Safely |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Orienteering | <input type="checkbox"/> Trek Safely |
| <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Pioneering | <input type="checkbox"/> Black Powder |
| <input type="checkbox"/> Environmental Science | <input type="checkbox"/> Reptile & Amp Study | <input type="checkbox"/> Model Rockets |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Rifle Shooting | <input type="checkbox"/> CPR Instruction |
| <input type="checkbox"/> Fish & Wildlife Management | <input type="checkbox"/> Rowing | <input type="checkbox"/> Songs/Skits |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Search & Rescue | Instrument _____ |
| <input type="checkbox"/> Fly Fishing | <input type="checkbox"/> Shotgun Shooting | Other _____ |

POSITIONS

*Indicate, in order of preference, position(s) in which you feel you are qualified to serve: 1 = highest 5= lowest
(NOT ALL CAMPS HAVE ALL POSITIONS)*

Directors: (21&up)

- Camp Director
- Assistant Camp Director
- Program Director
- Assistant Program Director
- Shooting Sports Director
- Aquatics Director
- COPE Director
- Climbing Director
- Trekking Director

Directors: (18&up)

- Camp Commissioner
- Business Manager
- Outdoor Skills Director
- Ecology/Conservation Director
- Shooting Sports – Archery
- Assistant Aquatics Director
- Health Officer
- Dining Hall Staff
- Trekking Staff

Staff/Instructors: (16&up)

- Trading Post Manager
- First Year Camper Staff
- Outdoor Skills Staff
- Eco/Con Staff
- Shooting Sports Staff
- Swim/Boat Beach Staff
- OA Coordinator
- Commissary Staff
- Crafts Staff

Counselor-in-Training: (15 & in High School)

- | | | |
|---|--|---|
| <input type="checkbox"/> Counselor-in-Training CIT
(Resident Camp) | <input type="checkbox"/> Counselor-in-Training EBSR
(Boy Scout Long Term) | <input type="checkbox"/> Day Camp Aide/Instructor RDC
(Day Camp) |
| <input type="checkbox"/> Den Chief CIT
(Resident Camp) | | |

Counselor-in-Training: (14 & up)

_____ Counselor-in-Training CIT
(Day Camp)

_____ Den Chief CIT
(Day Camp)

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
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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 form upon hire.

Please read carefully before signing:

I attest with my signature below that I have give the Glacier's Edge 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 Glacier's Edge 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 part of my consideration for employment establishes any obligation for the Glacier's Edge Council, Boy Scouts of America, to hire me. If I am hired, I understand that either the Glacier's Edge 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.

Date

Signature

Printed

Date

Parent Signature (if under 18)

Printed

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BACKGROUND INVESTIGATION DISCLOSURE AND AUTHORIZATION For Use With Glacier's Edge 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 Glacier's Edge 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 Glacier's Edge 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 Glacier's Edge 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 Glacier's Edge 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

Printed Name

Date

Parent Signature (if under 18)

Printed Name