



BOY SCOUTS OF AMERICA[®]
 MONTANA COUNCIL



Seasonal Employment Application

(please circle camp or camps that you are applying to)

Name _____

First

Middle

Last

Mailing Address _____

Street

City

State

Zip

Mobile Phone # _____ Home Phone # _____

Area Code and Number

Area Code and Number

Email Address _____ Date of Birth _____

Emergency Contact _____

Name

Phone #

Please circle if you are 18 or older. Yes / No Please circle if you are 21 or older. Yes / No

Is there anything that may impact your ability to work with children? Yes / No (circle)

CHOICES OF EMPLOYMENT (Camp and Position)

First Choice _____

Second Choice _____

Third Choice _____

PLEASE BE VERY SPECIFIC REGARDING DATES YOU ARE AVAILABLE TO START AND END

Dates Available for Employment From: _____ To: _____

Month

Day

Month

Day

EXPERIENCE

High Adventure Base Experience _____

Youth Organization Experience _____

Currently Registered As _____ Unit No. _____ Council/Organization _____

Rank(s) achieved: _____ Other Achievements: _____ NYLT: _____

Order of the Arrow _____ Have You Ever Served on a Camp Staff? _____ When/Where? _____

List Current Certifications and Dates (First Aid, CPR, EMT, NRA, etc.) _____

Hobbies, skills, and special Interests _____

EDUCATIONAL BACKGROUND

	Name & Location	Number of Years Attended	Major	Degree	Diploma (Yes or No)
High School	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

EMPLOYMENT – Include any employment prior to today’s date, even if that employment has not ended. For more than one 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.

Present or Most Recent Employer _____

May We Contact? Yes / No Address Phone Number _____

From _____ To _____ Job Title _____ Supervisor _____

Description of Duties (indicate significant responsibilities, accomplishments, and contributions) _____

Reason for leaving _____

Have you ever been discharged or asked to resign from any job? Yes / No

If yes, why? _____

Are you aware of any limitations that you have which would prevent you from performing any of the positions for which you have applied? ____ Yes ____ No Explain _____

REFERENCES: Provide names and addresses of three people (not relatives) who have knowledge of your character

	Name	Address	City	Zip	Home Phone	Mobile Number
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____

I hereby make application for employment, and in accordance with the principles of the organization, subscribe to the Scout Oath, Promise, and Law. I agree to be loyal to and cooperate fully with all the BSA policies, program, and management including those described in this application. If selected for employment, I must provide proof of current BSA membership or register with the BSA upon my arrival. I further agree to submit a completed BSA Annual Health and Medical Record – Parts A, B, and C upon my arrival. I understand that a personal interview may be required before employment will be granted. I authorize investigation 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 all other references to furnish the information requested. 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 discharge and denial of workers compensation benefits.

Applicant Signature (signature required to process application) _____

Date _____

Please send completed applications to:

Boy Scouts of America
Montana Council
820 17th Ave South
Great Falls, MT 59405

