

# Quivira Council

## Application for Employment

An Equal Opportunity Employer

---

The Quivira Council, Boy Scouts of America, is an equal opportunity employer. The Quivira 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  DOB \_\_\_\_\_

Shirt  
Size

Relative employed by the council? Yes  No

(Date Format-mm/dd/yyyy)

Desired start date: \_\_\_\_\_ If relative employed, name: \_\_\_\_\_

(Date Format-mm/dd/yyyy)

Have you ever been employed by the council? If so, when? \_\_\_\_\_

Are you able to be present all weeks of Camp and Staff Development, and a Staff Weekend? (5/12-14 and 5/26-7/3) - IF NOT, Why? \_\_\_\_\_

---

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

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

---

List 3 choices for program areas you would like to work (*not guaranteed*). 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 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 **Quivira** 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 Quivira 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 Quivira Council, Boy Scouts of America, to hire me. If I am hired, I understand that either the Quivira 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