



**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 17<sup>th</sup> Ave South  
Great Falls, MT 59405

