**BSA Employee Application**

Name (Last, First, Middle): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Selective Services: Are you required to register? **(Y) (N)** Are you registered? **(Y) (N)**

If you are registered, please provide your Selective Services number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(You can obtain your number by calling 703-605-4000.)

Current Street Address (local address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Street Address (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently employed? **(Y) (N)** May we contact your current employer? **(Y) (N)**

Do you drive? **(Y) (N)** Do you have a valid driver’s license? **(Y) (N)**

Do you have experience caring for children? **(Y) (N)** If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever been convicted of a felony? **No\_\_\_ Yes\_\_\_**

If yes, please explain (including the date of all convictions): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Education**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School Name** | **Location** | **Major/**  **Specialization** | **Degree, Diploma,**  **Level Completed** | **Dates**  **Attended** |
|  |  |  |  |  |
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Please list any additional experience, schooling, training, or special qualifications: \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Employment**

Start with your present position or last position and work back. If you were ever employed in any position under a different name, for each position give the name used.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name and**  **Address of**  **Organization** | **Dates**  **Employed** | **Start/End**  **Salary** | **Job Title**  **&**  **Duties** | **Reason for**  **Leaving** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**References**

List three (3) persons not related to you, and who can furnish information about you. Do not repeat names of supervisors furnished in the employment record. We prefer to send a fillable reference form via mail or email whenever possible. Please fill this portion as completely as possible.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | **Business/Home**  **Address** | **Occupation** | **Telephone**  **Number**  **& Email** |
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Applicant Signature Date

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**Office Use Only**

|  |  |
| --- | --- |
| **Background Check Information Complete** | **Check** |
| DCI Fingerprint Card |  |
| FBI Fingerprint Card |  |
| Permission to Screen Form (Abuse/Neglect) |  |
| Declaration of Prior Criminal Conviction Form |  |
| Sex Offender Registry Check Completed |  |