Hoard Historical Museum

Application for Employment

Date	_							
Last name	First n	ame	N	Middle na	ame			
Street Address								
City	Star	te Z	IP					
Telephone Birthday (to complete required background check)								
Are you a U.S. citizen	or otherwise authorized t	o work in the	U.S. on an u	nrestricte	ed basis?	l Yes □ No		
Are you available to v	work Tuesday-Friday with	the occasion	al Saturdays?	☐ Yes	□ No			
Are you available to work occasional evenings and Sunday afternoons? ☐ Yes ☐ No If no, what hours are you available?								
Have you ever been co	onvicted of a felony? (Thi	s will not nec	essarily affec	t your ap	plication.)	□ Yes □ N		
If yes, please describe	conditions.							
Education								
Sc	hool Name and Location		Year	Major	Degree			
High School								
College								
Post-College								
Other Training								
Employment History	(Start with most recent	t employer)						
Company Name								
Address		Teleph	Telephone					
Date Started	Starting Wage	Sta	Starting Position					
Date Ended	Ending Wage	E	Ending Position					
Name of Supervisor _			May we	contact	? • Yes	l No		
Responsibilities						_		
Reason for leaving								
Address		T	Telephone					
Date Started	Starting Wage	S	Starting Position					

Date Ended	Ending Wage	Ending Po	osition		
Name of Supervisor		Ma	May we contact? ☐ Yes ☐ No		
Responsibilities					
Reason for leaving					
Company Name					
Address		Telephone			
Date Started	Starting Wage	Starting P	osition		
Date Ended	Ending Wage	Ending Po	osition		
Name of Supervisor		Ma	ay we contact? ☐ Yes ☐ No		
Responsibilities					
Skills and Abilities					
What other skills, qualif	fications, or experience show	uld we consider?			
, <u>1</u>	, <u>I</u>				
Personal References: I	Please list three (nonfamily	y) references that	we may contact		
Name:	Phone	Number:	Relationship:		
Name:	Phone	Number:	Relationship:		
Name:	Phone	Number:	Relationship:		
statements on this application investigations of my prior ed	n shall be considered sufficient collucational and employment history	ause for dismissal. The ry. I understand that of	owledge. I understand that if I am employed, fall the museum is hereby authorized to make any temployment at this company is "at will," which my time, with prior notice, and for any reason no		
Signature		Date			
	al employment opportunity to all estry, physical or mental disabili		hout regard to race, creed, color, religious belief		

To complete your application, please also attach your resume, a writing sample, and a cover letter.