



Employment Application

Today's Date: _____

Last Name: _____ First Name: _____ M.I.: _____

Telephone# _____ Cell# _____

Address: _____ City: _____ State: _____ ZIP: _____

E-Mail: _____ Are you over 18? **Yes / No**

APPLICANT – PLEASE READ: All qualified applicants receive consideration for employment regardless of race, age, religion, sex, national origin, marital status or disability. This form is designed to help our organization identify your qualifications for employment and is not a contract for employment. If any false or misleading information is given in this application it is grounds for refusal to hire, or if hired, termination of employment.

General Information

Position Applying For: _____ Date Available: ____ / ____ / ____

Please list your availability: Please list a.m.; p.m.; or both if no preference.

Museum Hours: Fall/Winter/Spring: Tues. & Wed. 9 am - 5 pm; Thurs. – Sat. 10 am - 6 pm; Sunday 12 pm - 4 pm; CLOSED Mondays
Summer: Tues. & Wed. 9 am - 5 pm; Thurs.– Sat. 10 am - 6 pm; CLOSED Sunday & Monday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Number of hours requested per week _____ Part Time - **Yes / No** Full Time - **Yes / No**

What qualities/characteristics do you feel you can bring to this position? _____

Have you ever been employed by a children's museum before? **Yes / No** If yes, where: _____

Have you ever been convicted of a crime other than a minor traffic violation? **Yes / No**
If yes, please give dates and explain: _____

Education

Name **City/State** **Major/Degree** **Current or Complete**

High School

College / University

Trade / Professional School

References

Please furnish the names, addresses and telephone number of three **professional** reference (could include volunteer supervisor, teacher, etc.) to whom you are not related and who are not listed as current employment supervisor.

Name	Address	Phone	Years Known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

(Application continued on other side)

Work Experience

Please complete the following section thoroughly and accurately. Be sure to include employer's phone number. Please start with the most recent employer first. Please use additional pages if necessary.

Employer	Dates Employed	Job Title
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Address	City, State, Zip	Phone Number
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Supervisor's Name	Reason for Leaving
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Job Duties and Responsibilities

Employer	Dates Employed	Job Title
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Address	City, State, Zip	Phone Number
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Supervisor's Name	Reason for Leaving
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Job Duties and Responsibilities

Employer	Dates Employed	Job Title
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Address	City, State, Zip	Phone Number
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Supervisor's Name	Reason for Leaving
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Job Duties and Responsibilities

Certification - Agreements - Consents

I ACKNOWLEDGE THAT ACCEPTANCE OF THIS APPLICATION DOES NOT CREATE AN OFFER OF EMPLOYMENT. I REALIZE THAT EMPLOYMENT IS INDEFINITE AND MAY BE TERMINATED WITH OR WITHOUT CAUSE. IF HIRED, I WILL BE REQUIRED TO ADHERE TO ALL RULES AND REGULATIONS OF THE WOW! CHILDREN'S MUSEUM. I CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT, AND UNDERSTAND THAT ANY FALSIFICATION OF THIS MATERIAL IS GROUNDS FOR REFUSAL TO HIRE; OR, IF HIRED, GROUNDS FOR DISMISSAL.

I authorize any inquiry that is necessary to collect any information regarding prior employment, my character, general reputation, experience and reasons for leaving. I authorize all former employers, references, law enforcement agencies, companies and schools to release any information about me.

Signature: _____ Date: _____

WOWMUSEUM.COM

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