

Bootheel Youth Museum

Application for Employment

Name _____ SS# _____

Last
First
MI

Present Address _____

Home Phone () _____ Emergency Phone () _____

Cell Phone () _____ Email Address _____

Date of Birth ___/___/___ To Days Date ___/___/___

Are you either a US citizen or an alien authorized to work in the United States? Yes No

EDUCATION				
	School	Graduated	Year Grad	Type of Degree
Elementary		Y N		
High School		Y N		
College		Y N		
Other		Y N		

EMPLOYMENT HISTORY

(List your last three employers, starting with the most recent first.)

Month and Year for Each		Name and Address of Employer	Salary	Position	Reason for Leaving
From	To				
From	To				
From	To				

Have you ever been convicted of a felony or a misdemeanor? *Yes ___ No ___
 If Yes, please describe: _____

*You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

(CONTINUED)

REFERENCES

(Give the names of three persons, not related to you, whom you have known at least one year.)

NAME and ADDRESS	PHONE	OCCUPATION

EMPLOYMENT DESIRED

Position _____ Salary Desired _____ Date Available to Start _____
 Are you employed now? _____ If so, may we inquire of your present employer? _____

Date and Time Available

Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			

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- I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.
 - I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to you.
 - I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.
 - I understand that, if hired, I may be subject to drug test administered through a third party commissioned by the Museum.

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

INTERVIEW DATE / / POSITION HIRED FOR _____
 HIRING DATE / / TERMINATION DATE / /
 TRAINING DATES / / , / / , / / , / /
 RECEIVED POLICIES and JOB DESCRIPTIONS: Yes / No Date: / /