

<b>FULL NAME</b> (Last, First, Middle)	<b>DATE</b>	<b>POSITION APPLIED FOR</b> (1 Application Per Job Opening)
<b>ADDRESS</b> (Street or PO Box)		<b>MINIMUM SALARY EXPECTED</b>
		<b>WHICH OF THE FOLLOWING WILL YOU ACCEPT?</b> (Check All That Apply)
City, State, Zip Code	County	<input type="checkbox"/> Full Time <input type="checkbox"/> Rotating Shifts
<b>How Many Years Have You Lived at This Address?</b>		<input type="checkbox"/> Part Time <input type="checkbox"/> Nights
<b>PHONE#s</b> 1 <sup>st</sup> Contact#      2 <sup>nd</sup> Contact#		<input type="checkbox"/> Temporary <input type="checkbox"/> Weekends
		<input type="checkbox"/> Seasonal
<b>Are You 18 Years of Age or Older?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If Hired, When Can You Start?</b>	

**EDUCATION INFORMATION**

(Circle) Highest Grade Completed    1 2 3 4 5 6 7 8 9 10 11 12 / GED / College 1 2 3 4 / Graduate School 1 2

	Name and Location	Dates Attended	Graduate	Degree	Major
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
College or University			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate or Professional			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Business, Trade or Military			<input type="checkbox"/> Yes <input type="checkbox"/> No		

**SKILLS AND LICENSE INFORMATION**

**Active Professional Registrations/Licenses/Certifications**

(Examples: Notary, Water/Wastewater, EIT, PE, EMT, etc.)

**On-the-Job Apprenticeship/Vocational Training**  Yes  No

List Your Trade/s?

What Year Did You Complete Your Training?

How Many Years of Work Experience In Your Trade?

**Do You Possess Any of the Following Skills?**

Typing:       Yes  No      Speed \_\_\_\_\_ (wpm)

List Computer Applications Below: (Word, Excel, PPoint, Access, etc)

**Can You Operate the Automotive Equipment Listed Below?**

Trucks/Dump Trucks       Yes  No

Backhoes       Yes  No

Front-End Loaders       Yes  No

List Other: \_\_\_\_\_

Other Languages?       Yes       No

Please List Them: \_\_\_\_\_

Do You Possess a Valid Driver's License?       Yes       No

List Class and Endorsement/s? \_\_\_\_\_

**PERSONAL INFORMATION**

Are You a United States Citizen?       Yes  No      /      If Not, Are You Eligible to Work in the United States?       Yes       No

**(The Schiele Museum Will Only Hire United States Citizens or Aliens Authorized to Work in the United States.)**

Have You Worked for the Schiele Museum Before?  Yes  No If yes, Dept./Div.      Dates: \_\_\_\_\_ to \_\_\_\_\_

Do You Have Relatives That Work For Us?  Yes  No / If so, List Names/Relationships: \_\_\_\_\_

Have You Complied with the Requirements of the Federal Selective Service Registration Act (Draft Registration)?  N/A  Yes       No

Have You Served in the U.S. Armed Forces?  Yes  No / If yes, Branch: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Highest Rank Attained \_\_\_\_\_ Occupational Specialty \_\_\_\_\_

**Have You Ever Been Convicted of a Crime Other Than Minor Traffic Violations?** (This Does Not Automatically Disqualify You)  Yes       No

**If Yes, List Date, Place and Disposition of Case:** \_\_\_\_\_

**EMPLOYMENT IS CONTINGENT UPON THE SUCCESSFUL COMPLETION OF A DRUG SCREENING EVALUATION. SUCCESSFUL COMPLETION OF THIS EVALUATION IS NO GUARANTEE OF EMPLOYMENT.**

**EMPLOYMENT HISTORY**

List below your previous work experience. Start with your most recent position and work back in time. Please include service in the U.S. Armed Forces and any self-employment. Use continuation sheet if more space is needed.

<b>LAST JOB</b>		<b>Month Year</b>	
Employer	Phone #	From	
Employer's Address		To	
List Your Job Title & Duties	# of PPL You Supervised:	Full Time <input type="checkbox"/> Yes <input type="checkbox"/> No	Part Time <input type="checkbox"/> Yes <input type="checkbox"/> No
		Start Salary	
		Last Salary	
May We Contact Them? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason For Leaving?			
		Supervisor's Name and Title	
<b>PREV JOB</b>		<b>Month Year</b>	
Employer	Phone #	From	
Employer's Address		To	
List Your Job Title & Duties	# of PPL You Supervised:	Full Time <input type="checkbox"/> Yes <input type="checkbox"/> No	Part Time <input type="checkbox"/> Yes <input type="checkbox"/> No
		Start Salary	
		Last Salary	
May We Contact Them? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason For Leaving?			
		Supervisor's Name and Title	
<b>PREV JOB</b>		<b>Month Year</b>	
Employer	Phone #	From	
Employer's Address		To	
List Your Job Title & Duties	# of PPL You Supervised:	Full Time <input type="checkbox"/> Yes <input type="checkbox"/> No	Part Time <input type="checkbox"/> Yes <input type="checkbox"/> No
		Start Salary	
		Last Salary	
May We Contact Them? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason For Leaving?			
		Supervisor's Name and Title	
<b>PREV JOB</b>		<b>Month Year</b>	
Employer	Phone #	From	
Employer's Address		To	
List Your Job Title & Duties	# of PPL You Supervised:	Full Time <input type="checkbox"/> Yes <input type="checkbox"/> No	Part Time <input type="checkbox"/> Yes <input type="checkbox"/> No
		Start Salary	
		Last Salary	
May We Contact Them? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason For Leaving?			
		Supervisor's Name and Title	

**PERSONAL REFERENCES** (List three people, other than relatives or former employers, who can vouch for your character.)

Name	Street Address	City/State	Phone#	#Yrs Known
1.				
2.				
3.				

*By my signature below, I certify that the facts entered in this application are true, complete and accurate to the best of my knowledge. I understand that misstatements and falsifications are grounds for non-selection and, if discovered after employment, are grounds for immediate dismissal without recourse. I also understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. Pursuant to the Immigration Reform and Control Act of 1986, I understand that, if hired, I must provide the Schiele Museum with the appropriate document(s) verifying both identity and employment eligibility to work in the United States.*

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**REFERENCE/BACKGROUND CHECK AUTHORIZATION**

A photocopy of this signed Reference/Background Check Authorization shall have the same binding effect as the original form.

**List any other names you have ever gone by.**

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

**List any former addresses that you have lived during the past 7 years.**

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

**DRIVER'S LICENSE & SOCIAL SECURITY INFORMATION REQUEST**

The Schiele Museum requests your Driver's License/State ID # and Social Security # to assist us in conducting the following background checks: Criminal History, Driving Record and Credit History as required. We will not divulge this information to anyone or any organization except on a strict need to know basis.

**Do You Have a Valid Driver's License or a State Issued ID Card?**  **Yes**  **No**

State: \_\_\_\_\_ License or ID #: \_\_\_\_\_

Class/Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Endorsements: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*By my signature above, I certify that I understand the reason(s) for the Schiele Museum of Natural History and Planetarium requests for my Driver's License/State ID#, Social Security # and other requests for Reference/Background Information as stated above. I grant permission for the Schiele Museum's designated representative(s) to obtain employment related information from previous employers and/or other sources of reference. I also hereby grant permission to applicable sources to release employment related information. I further authorize the Schiele Museum's designated representative(s) to use information provided on my application to review other areas in my background including but not limited to educational verification, driver's record verification, criminal and credit history, if necessary, and grant applicable sources permission to release such information.*

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