

# APPLICATION INSTRUCTIONS

\*\*\*Download This Form and Complete with Acrobat Reader\*\*\*

## Application Disclaimer

- Follow all instructions. All fields are required. Applications not complete will be rejected.
- Applicants are subject to random drug screening.
- Applicants may be subject to a criminal background report.
- Applicants must be flexible in schedule and willing to work weekends and holidays as needed.
- Completing an application does not constitute or imply employment. Your application will be reviewed and you may be contacted for an interview process.

## Privacy Statement

Once The Schiele Museum of Natural History and Planetarium, Incorporated receives your application your information will be used only for the purpose of employment. Your information will only be viewed by our management team and stored securely. We will not share any information you provide including your email address with any third parties unless instructed to do so by Federal, State or Local authorities.

## To Electronically Send This Application

Download the application to your computer, and use Acrobat Reader to complete the form. Save the completed application as a PDF and email it as an attachment. This form is best completed using Acrobat Reader (download at <https://get.adobe.com/reader/>).

The Schiele Museum of Natural History and Planetarium, Inc. does not accept any responsibility for misdirected, lost or intercepted emails of information or the transfer of any viruses, Trojans or complications associated during electronic communications. By completing the application and submitting via email you agree to this policy. You may fill in your information, print and mail via US Postal Service to 1500 East Garrison Blvd., Gastonia, NC 28054.

Please note that if you complete this form in a Web Browser you must save the document and email it separately to [karlm@cityofgastonia.com](mailto:karlm@cityofgastonia.com).

## Electronic Signature

Typing your name in the signature line and placing a check in the box you agree that all statements you provided are true and any falsifying information could result in termination if employed.

Thank you for your interest in becoming a team member. The Schiele Museum of Natural History and Planetarium, Inc.

The Schiele Museum of Natural History  
and Planetarium, Incorporated



**Employment Application**

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Required upon employment \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a crime? YES  NO

If yes, explain: \_\_\_\_\_

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

**References**

*Please list three professional references who are not related to you.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES  NO

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Electronic

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Disclaimer

### Anti-Discrimination Clause

*This Company does not tolerate unlawful discrimination or harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local laws.*

Once complete, save this as a PDF to your computer. Then attached the completed application PDF along with any supporting documentation to:

[KarlM@cityofgastonia.com](mailto:KarlM@cityofgastonia.com).