

LITTLE SNAKE RIVER MUSEUM

EMPLOYMENT APPLICATION

Return Application to the museum- For more information please call 383-7262 or 303-388-7788
LSRMUSEUMWEB@DTEWORLD.COM

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital status, Veteran Status, sexual orientation or any other legally protected status.

Please Print

Position Applied for: _____

Date of Application: _____

Last Name _____

First Name _____

Middle Initial _____

Address _____

Telephone number _____

Email Address _____

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No

Have you ever been employed with us before?

Yes No

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Are you prevented from becoming lawfully employed in this country because of Visa or immigration status?

Yes No

Proof of Citizenship or immigration status will be required upon employment.

On what date would you be available to work? _____

Are you available to work: Full time

Part time

Weekends

Are you currently on "lay-off" status and subject to recall?

Yes No

Can you travel if the job requires it?

Yes No

Have you been convicted of a felony?

Yes No

If yes, please explain.

EDUCATION

	Name of School	Course of study	Years completed	Degree or Diploma
High school				
College				
Graduate				
Technical / Trade				
Other				

LANGUAGES SPOKEN (Other than English):

	Fluent	Good	Fair
Speak			
Read			
Write			

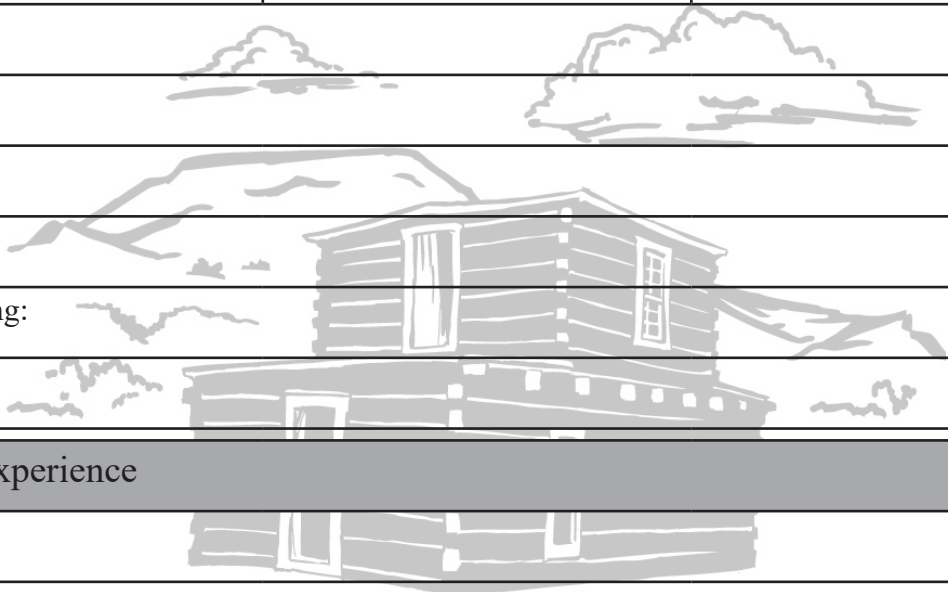
Describe and specialized training, apprenticeship, skills and other activities which might impact your abilities.

MUSEUM

Describe why you would make a good candidate

Employment Experience		
Employer:		
Supervisor:		
Address:		
Telephone Number:		
Dates Employed:	From	To
Job title:		
Work Performed:		
Reason for Leaving:		

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Supervisor:		
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LITTLE SNAKE RIVER
MUSEUM

Employment Experience:

Employer:

Supervisor:

Address:

Telephone Number:

Dates Employed:

From

To

Job title:

Work Performed:

Reason for Leaving:

Other Jobs held:

Specialized Skills:

Excel	Past Perfect	Mitre Saw
In-design	Cooking	Chain Saw
Word	Sewing	Typing
Outlook	Lawn mower	Computer
Power Point	Weed Eater	Plumbing
Photoshop	Bobcat	Electrical

References

Telephone Number:

1)

2)

3)

4)

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in this job for which you have applied?. Do not answer this question unless you have been informed about the job requirements and duties for which you are applying. Yes No

List any other experience that you feel may be helpful to us considering your application.

If requested, I will provide information to allow a full background check. Yes No

APPLICANT'S STATEMENT:

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "At Will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "At Will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that any false or misleading information given in my application or interview (s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Print Name

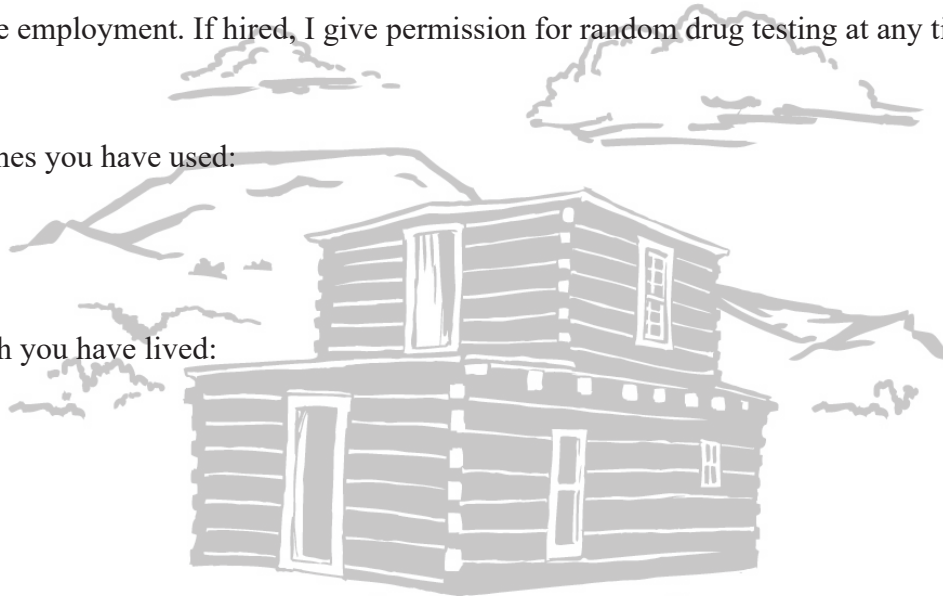
CONSENT TO BACKGROUND AND REFERENCE CHECK

In consideration of solicitation of my application for employment, I, [print name]

_____, do hereby give my consent to The Little Snake River Museum and any authorized agents thereof, to check my background in any way, including but not limited to contacting any and all persons and business entities in order to inquire regarding any and all information relating to myself, provided that said inquiries be limited solely to the purpose of consideration of myself for possible employment. If hired, I give permission for random drug testing at any time.

Please list any names you have used:

List states in which you have lived:



LITTLE SNAKE RIVER
MUSEUM

Social Security number:

D.O.B.:

Signed: _____ Date: _____

Full Name Print: _____

(print name)