



APPLICATION FOR EMPLOYMENT

The National Mississippi River Museum and Aquarium provides equal opportunity in employment and promotions on the basis of merit without reference to or discrimination because of gender, age, race, color, religion, national origin, sexual orientation, disability, marital or veteran status, or any other legally protected status.

PERSONAL INFORMATION		Date Completed _____
Last Name	First	Middle Initial
Street Address		City
State/Zip		
Phone #	E-mail Address	Date you will be available for employment
Have you ever been employed by the Museum and Aquarium? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when?		
Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you related to any current Museum and Aquarium employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, who?		
Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what and where?		
Position Applying For:	<input type="checkbox"/> Guest Associate <input type="checkbox"/> Gift Shop Associate <input type="checkbox"/> Educator <input type="checkbox"/> Cashier Associate <input type="checkbox"/> Exhibit Associate <input type="checkbox"/> Living Collections <input type="checkbox"/> Food Service <input type="checkbox"/> Maintenance <input type="checkbox"/> Housekeeping Other _____	
Employment Desired:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal	

Education				
	Name and location of school	# of years attended	Did you graduate?	Subjects studied
High School				
College				
Trade, business or other school				
Special Skills:				

Employment History (List below last three employers starting with current or most recent)	
Employer Name and Address (most recent)	Dates Employed: From: _____ To: _____ Supervisor's Name: _____ Employer's Phone: () _____ May we contact supervisor for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>
Job Title and Responsibilities:	
Reason for Leaving:	

Employer Name and Address	Dates Employed: From: _____ To: _____
	Supervisor's Name: _____
	Employer's Phone: () _____
	May we contact supervisor for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>

Job Title and Responsibilities: _____

Reason for Leaving: _____

Employer Name and Address	Dates Employed: From: _____ To: _____
	Supervisor's Name: _____
	Employer's Phone: () _____
	May we contact supervisor for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>

Job Title and Responsibilities: _____

Reason for Leaving: _____

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

Name	Address	Business	Phone	Years Acquainted

I certify that the facts contained herein are true and complete to the best of my knowledge and understand that, if employed, 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 Museum, and that if employed, my employment is at will and that I have the right to terminate my employment at any time for any reason and that the Museum retains the same right.

I authorize the references listed in this application, including personal and employment references, to provide the Museum with all information pertinent to this application and I release all parties from liability for any damages that may result from the release of information as part of the employment verification process.

I further understand that any job offer will be contingent upon satisfactory background checks (criminal and child abuse). In the event of employment, I understand that I may not engage in any activities that constitute a conflict of interest between me and the Museum.

I understand that this application is current for only 60 days. At the conclusion of this time, if I have not heard from the Museum, and still wish to be considered for employment, it will be necessary to fill out a new application.

Signature of Applicant

Date