



## APPLICATION FOR AT-WILL EMPLOYMENT

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Position Applied for:	Date of Application:		
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Website <input type="checkbox"/> Relative <input type="checkbox"/> Other _____			
Last Name	First Name	Middle	Maiden
Current Address	City	State	Zip Code
How long			
Social Security No. _____ - _____ - _____			
Telephone Number(s)	Home	Cell	Work

### AVAILABILITY

\_\_\_\_\_ Full or Part-time                      \_\_\_\_\_ Full-time only                      \_\_\_\_\_ Part-time only

Please indicate hour's available (Museum hours are 9 a.m. to 5 p.m. Monday -Saturday and 12:30 to 5 p.m. on Sunday):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
_____	_____	_____	_____	_____	_____	_____

Are you willing to start at a minimum wage salary?  Yes  No

Are you 18 years of age?  Yes  No

Do you have a valid driver's license?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_  Operator  Commercial (CDL)  Chauffeur  
 Expiration date \_\_\_\_\_

Have you had any accidents during the past three years?                      How many? \_\_\_\_\_

Have you had any moving violations during the past three years?                      How Many? \_\_\_\_\_

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**TALLAHASSEE MUSEUM  
APPLICATION FOR EMPLOYMENT**

Check any areas in which you are interested in being considered for future openings:

(We will keep your application on file for six months)

\_\_\_\_\_ Professional/Technical (Management, Exhibit Design/Fabrication, Collections Care/Zookeeper)

\_\_\_\_\_ Clerical (office/phone/admissions/interpreter)

\_\_\_\_\_ Maintenance (grounds/operations)

\_\_\_\_\_ Trail Break Café (food service)

\_\_\_\_\_ Museum Store (Retail sales)

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

Is there any existing physical disability that would prevent you from performing fully the duties of the job for which you are applying?       Yes  No

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Have you ever been convicted of a crime?  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

\_\_\_\_\_

\_\_\_\_\_

PLEASE LIST TWO PROFESSIONAL REFERENCES.	
Name	Name
Position	Position
Company	Company
Address	Address
Telephone (    )	Telephone (    )

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An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

**WORK EXPERIENCE**

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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May we contact your present employer?  Yes  No

Did you complete this application yourself?  Yes  No

If not, who did? \_\_\_\_\_

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**APPLICATION FOR EMPLOYMENT**

**PLEASE READ CAREFULLY**

**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by the Tallahassee Museum, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Museum practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Tallahassee Museum, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Executive Director/CEO of the Museum. Both the undersigned and the Tallahassee Museum may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Museum may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Museum permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Museum from any liability as a result of such contract.

I understand that, in connection with the routine processing of your employment application, the Museum may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Museum will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Museum shall be probationary for a period of ninety(90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Museum is terminable at will for any reason by either party.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

**Thank you for completing this application form and for your interest in our business.**