



Date Submitted: \_\_\_\_\_

# EMPLOYMENT APPLICATION

425 Washington Street • Monterey, CA 93940 • 831.649.6444

## APPLICANT INFORMATION:

Full name (first/middle/last): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

What position are you applying for?: \_\_\_\_\_

## QUALIFICATIONS:

Have you ever filed an application with us before?	yes	no
Have you ever been employed with us before?	yes	no
Are you 16 years or older? <i>MY Museum cannot hire persons under the age of 16</i>	yes	no
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>	yes	no
Are you currently on "lay-off" status and subject to recall?	yes	no
Do you have a driver's license?	yes	no
Do you have a current documentation of CPR Training?	yes	no
Do you have a current documentation of First Aid Training?	yes	no

## AVAILABILITY:

Total number of hours per week you would like to work: \_\_\_\_\_

Check the box for the time period(s) in the day(s) you're available:

DAY:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

## EDUCATION:

	High School				College / University				Graduate / Professional			
School Name												
School Location												
Years Completed <i>(circle)</i>	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree												
Describe any specialized training, apprenticeship, skills, and extracurricular activities, and/or honors received												

## EMPLOYMENT EXPERIENCE:

1. Employer					Title							
Location					Duties							
Phone Number												
Supervisor					May we contact this employer?                      yes                      no							
Start Date					End Date							
Reason for Leaving												
2. Employer					Title							
Location					Duties							
Phone Number												
Supervisor					May we contact this employer?                      yes                      no							
Start Date					End Date							
Reason for Leaving												
3. Employer					Title							
Location					Duties							
Phone Number												
Supervisor					May we contact this employer?                      yes                      no							
Start Date					End Date							
Reason for Leaving												

4. Employer	Title
Location	Duties
Phone Number	
Supervisor	May we contact this employer?                      yes                      no
Start Date	End Date
Reason for Leaving	

**APPLICANT INFORMATION:**

I certify that answers given herein are true and complete to the best of my knowledge. I understand that if I am employed, discovery that I gave false information during the application process may result in my immediate dismissal.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with MY Museum or those of its customers, nor will I become engaged in such activity or business if employed.

I authorize MY Museum to solicit information regarding my character, general reputation, credit, previous employment and similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information. If employed, I release the agency from any liability for future references it may provide regarding my work history with MY Museum.

Should I become employed by the MY Museum, I agree to abide by all of its present and subsequently issued policies. In the event that I leave the employment of MY Museum, I agree to deliver my resignation to my supervisor in accordance with current personnel policies. I understand and agree that at no time, whether I am an employee of MY Museum or not, will I reveal information regarding patrons, customers or employees of MY Museum to anyone other than those authorized to receive it, and that giving of such information to unauthorized individuals is unlawful and will be sufficient cause for immediate dismissal.

In consideration of my employment, I agree that my employment and compensation can be terminated with or without cause, and with or without notice at any time, at the option of either MY Museum or myself. I understand that no representative of MY Museum, other than the Executive Director, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

If employed, I further agree that if MY Museum advances any paid leave before it has been accrued, or advances or loans me any money during the course of my employment, or if I lose, damage, or fail to return MY Museum property, MY Museum is authorized to deduct from my wages sufficient funds to repay such loans or advances or to replace its property.

\_\_\_\_\_

Signature of Applicant

Date

*MY Museum is an equal opportunity organization and does not discriminate on the basis of race, color, national origin, sex, religion, age, sexual orientation, or disability.*