



The Children's Museum of the Brazos Valley Employment Application

Applicant Information

PLEASE COMPLETE ALL INFORMATION REQUESTED. INFORMATION ON AGE, GENDER, AND ETHNICITY IS USED ONLY FOR OBTAINING BACKGROUND CHECK, WILL BE KEPT IN STRICT CONFIDENCE, AND IS NOT USED IN DETERMINING QUALIFICATION FOR EMPLOYMENT.

Full Name: _____ Social Security No.: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ E-mail Address: _____

Date of Birth: _____ Gender: Male Female Driver License No: _____ State of Issue _____
A copy will be required for Children's Museum records.

Position Applied for: _____ Date Available: _____ Desired Salary: _____

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 so, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

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 not related to you.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

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

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, The Children's Museum of the Brazos Valley will not be held liable for injuries sustained by me, that I will abide by the policies of the Museum, and that providing false or misleading information in my application or interview may result in my release.

I authorize The Children's Museum of the Brazos Valley to obtain both criminal history and sexual offender record information and I understand that the information I am providing about age, gender, and ethnicity is used only for obtaining said background checks and is held in strict confidence.

I authorize The Children's Museum to contact references provided for employment reference checks.

Signature: _____ Date: _____