



Employment Application

Job Applied For	Date of Application	
Name (Last, First, MI)	Home Phone	Work Phone
Mailing Address	Message phone, if different	Social Security Number
	Driver License Number	
	Email	
City, State, Zip Code	Date you could report for work	

EMPLOYMENT HISTORY

Include all jobs held, whether or not directly related to this position. List each job separately, even in the same organization. Attach additional sheets if necessary, providing the same information in the same format and number each job.

[JOB 1] Current or Last Employer		Address	
Your Title		Kind of Business	
Supervisor's Name		Supervisor's telephone number	
Total time in current or last position	From (Month/Year)	To (Month/Year)	Average number of hours worked per week
Number of employees supervised	Gross monthly salary	Reason for leaving	
Major duties (be specific)			

[JOB 2] Employer		Address	
Your Title		Kind of Business	
Supervisor's Name		Supervisor's telephone number	
Total time in current or last position	From (Month/Year)	To (Month/Year)	Average number of hours worked per week
Number of employees supervised	Gross monthly salary	Reason for leaving	
Major duties (be specific)			
[JOB 3] Employer		Address	
Your Title		Kind of Business	
Supervisor's Name		Supervisor's telephone number	
Total time in current or last position	From (Month/Year)	To (Month/Year)	Average number of hours worked per week
Number of employees supervised	Gross monthly salary	Reason for leaving	
Major duties (be specific)			

PROFESSIONAL LICENSES AND CERTIFICATIONS

Date	License or Certification

PERSONAL REFERENCE (NOT FORMER EMPLOYERS OR RELATIVES)

Name	Address	Phone Number & Email

MARYHILL MUSEUM OF ART IS AN EQUAL OPPORTUNITY EMPLOYER

You must be able to perform the duties of the position you are applying for with or without reasonable accommodation. Certain positions may require pre- employment drug screening.

The Federal Immigration Reform and Control Act requires individuals to provide to an employer documented proof that they are authorized to work in the United States. This proof must be provided to and verified by Maryhill Museum at the time of hire or no later than three business days after the date of hire.

Maryhill Museum makes it a practice to contact current and previous employers. Please indicate below by Job Number which employers, if any, you do not wish us to contact:

THIS APPLICATION MUST BE SIGNED AND DATED BELOW. APPLICATIONS THAT ARE INCOMPLETE OR NOT SIGNED WILL NOT BE ACCEPTED.

I certify and affirm that I have read and understand the above notice (Page 4). I further certify that I personally completed this application and attached materials or requested its completion and that all answers given 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.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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 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 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. Upon consideration for employment, I understand that a criminal background check may be secured by the employer.

SIGNATURE: _____ DATE: _____

KEEP A COPY OF YOUR APPLICATION

OR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: _____ Yes _____ No

Remarks:

Employed: _____ Yes _____ No

Date of Employment: _____

Job Title: _____

Hourly Rate/Salary: _____

Department: _____

By:
Name and Title: _____ Date: _____