



Job Application

Thank you for considering Buckeye Imagination Museum for employment. Applicants are considered without regard to race, ethnicity, religion, sex, age, sexual orientation or national origin or any factors prohibited by local, state or federal law. We are proud to be an Equal Opportunity Employer.

Date: _____

Personal

Last Name: _____ First: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Email: _____

Are you over the age of 18? Yes No Age if younger than 18: _____

If you are under the age of 18, do you have an employment certificate? Yes No

In case of emergency, please notify: _____

Relationship: _____ Phone: _____

Please list all names you have used in the past:

Have you ever been employed by us before? Yes Date of hire: _____ No

If so, what was your reason for leaving? _____

Have you ever applied for employment at our organization? Yes Date: _____ No

Do you have any friends, relatives or acquaintances working for our organization? Yes No

If yes, state name & relationship: _____

How were you referred to us? Ad Employee Other: _____

Desired Position & Availability

Position: _____ Wage/Salary Desired: \$ _____ per _____

Are you interested in: Temporary/Seasonal Part-time Full-time

If temporary, please indicate your preferred start and end dates: _____ to _____

Available to Start: _____

____:____ to ____:____ Mondays

____:____ to ____:____ Fridays

____:____ to ____:____ Tuesdays

____:____ to ____:____ Saturdays

____:____ to ____:____ Wednesdays

____:____ to ____:____ Sunday

____:____ to ____:____ Thursdays

Other/Explanation: _____

Past Employment

List past employers, starting with current/most recent (go back 10 years). Include military service. Attach separate sheet, if necessary. Be prepared to explain any gaps in employment.

May we contact your current employer? Yes No

Organization: _____ Manager Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Email: _____

Position: _____ From: _____ To: _____

Wage/Salary: \$ _____ per _____ Reason for Leaving: _____

Organization: _____ Manager Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Email: _____

Position: _____ From: _____ To: _____

Wage/Salary: \$ _____ per _____ Reason for Leaving: _____

Organization: _____ Manager Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Email: _____

Position: _____ From: _____ To: _____

Wage/Salary: \$ _____ per _____ Reason for Leaving: _____

Education & Training

High School: _____ Did you graduate? Yes No

Address: _____ City _____ State _____ Zip: _____

If you did not graduate: # Years Completed: _____ Do you have a GED? Yes No

College/Vocation School:

School Name: _____ Did you graduate? Yes No

Address: _____ City _____ State _____ Zip: _____

Degree/Diploma Earned: _____ # Years Completed (if you did not graduate): _____

Military: Currently serving Veteran

Branch: _____ Rank in Military: _____

MOS: _____ Total Years of Service: _____ Related Details: _____

Skills & Qualifications

Licenses/Certifications: _____

Awards: _____

Word Processing: Yes No Additional Computer Skills: _____

Other Skills: _____

Please list all languages you consider yourself to be fluent in:

If hired, can you perform the essential functions of this job, with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed: _____

If hired, would you have transportation to/from work? Yes No

Legal

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Yes No

Have you been charged with or convicted of a felony within the last five years? Yes No

If yes, please describe the crime— state the nature of the crime(s), when and where convicted, and the disposition (final settlement) of the case: _____

If hired, are you willing to submit to a controlled substance test? Yes No

References

Name three individuals we may contact who have knowledge of your performance and work experience, preferably former supervisors:

Name: _____ Company: _____

Title: _____ Phone: _____

Email: _____ # Years Known: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Company: _____

Title: _____ Phone: _____

Email: _____ # Years Known: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Company: _____

Title: _____ Phone: _____

Email: _____ # Years Known: _____

Address: _____ City: _____ State: _____ Zip: _____

Please read carefully, initial each paragraph, and sign at the bottom of the page. This application, when completed and signed, becomes the property of Buckeye Imagination Museum.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize Buckeye Imagination Museum to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, I authorize the references I have listed to disclose to Buckeye Imagination Museum all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Buckeye Imagination Museum, my former employers and other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create an employment contract between Buckeye Imagination Museum and me. In addition, I understand and agree that if I am employed, my employment is at will and is for no definite or determinable period and may be terminated at any time, with or without prior notice, or with or without cause, at the option of either myself or Buckeye Imagination Museum, and that no promises or representations contrary to the foregoing are binding on Buckeye Imagination Museum unless made in writing and signed by me and Buckeye Imagination Museum's designated representative.

_____ I understand that in connection with my application for employment, Buckeye Imagination Museum may obtain a consumer report and/or investigate consumer reports about me that may contain information as to my character, general reputation, personal characteristics, and mode of living. Such reports may include or consist of my driving history obtained from the Department of Motor Vehicles. I further understand that any job offer extended by Buckeye Imagination Museum is contingent upon receipt of a favorable consumer or investigative consumer report about me.

_____ I understand that in connection with my application for employment, depending upon the position for which I have applied, any offer of employment is conditioned upon my taking and passing a post-offer/pre-employment drug test, and if necessary for the position for which I have applied, a post-offer/pre-employment medical examination. I understand that I may refuse to take any required pre-employment drug test and/or medical examination, but that if I do, any offer of employment will be immediately withdrawn.

I HAVE READ THE ABOVE PARAGRAPHS, UNDERSTAND THEIR IMPORTANCE AND EFFECT UPON MY EMPLOYMENT, AND I ACCEPT THEM AS CONDITIONS OF MY EMPLOYMENT WITH BUCKEYE IMAGINATION MUSEUM.

Signature of Applicant:

_____ Date: _____

Parent/Guardian Signature (required if less than 18 years of age):

_____ Date: _____