

FLAGLER MUSEUM

APPLICATION FOR EMPLOYMENT

PERSONAL			
Last Name	First	Middle	Date
Street Address			Home Telephone
City, State, Zip			Cell Phone
Have you ever applied for employment with the Flagler Museum? Yes___ No___ If yes, state month and year			E-Mail Address
Have you ever been terminated from employment or asked to resign by an employer? Yes___ No___ If yes, Please provide company name and details			
Are you at least 18 years older? if no, you may be required to provide authorization to work ? Yes _____ No___			Salary Requirements
When will you be available to begin work?			Position Desired
Are you legally eligible for employment in the United States? Yes _____No___			Will you work overtime if asked? Yes___ No___
Are you now, or do you expect to be, working in any other job? Yes___ No___			
Are you able to perform the essential functions of the the job for which you are applying , with or without a reasonable accommodation? Yes___ No___			
Would you be willing and able to perform all of the tasks required by the job you are applying for? Yes___ No___ If not, explain which tasks you cannot perform.			
Are you avialable to work weekends if needed? Yes___No___			
Are you currently employed? If so can we contact your current employer? Yes_____ No_____			
Have you ever been convicted of a Felony? Yes___ No___ If Yes, please explain			
Have you ever worked for The Flagler Musem before? Yes___No___ If yes when did you work with us?			
Employment History: Include your last (7) years of employment history, including periods of employment, stating with the most recent and working backwards in time. Incomplete information would disqualify you from further consideration.			

EMPLOYMENT

1	Company Name	Telephone
Address		Employed (month and year) From To
Name of Supervisor		Weekly Pay Start Last
State Job Title and Describe Your Work		Reason for Leaving

2	Company Name	Telephone
Address		Employed (month and year) From To
Name of Supervisor		Weekly Pay Start Last
State Job Title and Describe Your Work		Reason for Leaving

3	Company Name	Telephone
Address		Employed (month and year) From To
Name of Supervisor		Weekly Pay Start Last
State Job Title and Describe Your Work		Reason for Leaving

4	Company Name	Telephone
Address		Employed (month and year) From To
Name of Supervisor		Weekly Pay Start Last
State Job Title and Describe Your Work		Reason for Leaving

EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
High School					
Business/ Trade/ Technical					
College					
Graduate					
Other Special Training					

MILITARY

Did you serve in the U.S. Armed Forces? Yes___ No___

Describe any military training received relevant to the position for which you are applying.

LIST ANY MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS THAT ARE RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING

SIGNATURE

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for The Flagler Museum to hire me. If I am hired, I understand that either The Flagler Museum or I can terminate my employment at any time and for any reason, with or without cause and with or without prior notice. I understand that no representative of The Flagler Museum has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to The Flagler Museum true and complete information on this application. No requested information has been concealed. I authorize The Flagler Museum to contact references provided for employment reference checks. If any information is untrue, or if I have concealed material information regarding employment, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature _____ Date _____

LIST REFERENCES

	NAME TITLE	PLEASE LIST ADDRESS, EMAIL AND PHONE NUMBER
1		
2		
3		
4		

