

Employment Application

This application form is intended for use in evaluating your suitability for employment. Please answer all questions completely and legibly. If a question is not applicable, indicate with N/A. If you need more space to explain any answer, you may request an extra sheet of paper. False or misleading statements, whether oral or written, are grounds for refusal or termination of employment and benefits.

The Museum is an equal employment opportunity employer. Employment decisions, including hiring, promotion, compensation, training, termination, and benefit eligibility are based on merit and business needs. The Museum provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability, or status as a Vietnam-era or special disabled veteran in accordance with applicable federal laws. In addition, the Museum complies with applicable state and local laws governing nondiscrimination in employment.

It is the policy of the Museum to comply with all relevant and applicable provisions of the Americans with Disabilities Act (ADA). The Museum will not discriminate against any qualified employee or job applicant with respect to any of the terms, privileges, or conditions of employment because of a person's physical or mental disability.

This application is not an employment contract. Additional testing of skills and other job-related characteristics, as well as testing for the presence of illegal drugs in your body, may be required before an offer of employment is made. It is the policy of Fernbank Museum to conduct criminal background checks on all employees. Information obtained in a background check may be used to make decisions concerning refusal or termination of employment and benefits.

Personal Data

Name	Last	First	Middle	Social Security Number	
Home Phone			Work Phone		
Please list your current address and your two other most recent addresses					
Current	Street		City	State	Zip
					Since (Mo/Yr)
	Street		City	State	Zip
					Since (Mo/Yr)
	Street		City	State	Zip
					Since (Mo/Yr)

Availability

Position Applied For	Date you can start work
You prefer: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Either	You can work: <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Holidays
Please answer all of the following questions. When necessary, note question number and use an extra sheet of paper to provide explanations:	
Are you at least 18 years of age and legally eligible for work in the United States?	
Will you work overtime when necessary?	
Please list any restriction you might have on your ability to work overtime:	
Are you on layoff and subject to recall?	
Are you currently part to any noncompetition or trade secret agreement? (If yes, please explain)	
Have you ever been discharged or asked to resign from a job? (If yes, please explain)	
Have you ever been convicted of or pled guilty to a felony or other crime, including misdemeanors? (If yes, please explain)	
Have you been given a description of the job for which you are applying, or had the essential elements of the job explained to you?	
Do you understand the job requirements?	

Education

High School Attended	City, County, State	Did you earn a diploma?	
Undergraduate College Attended	City, State	Concentration	Degree
Graduate School Attended	City, State	Concentration	Degree
Trade, Business or Other School	City, State	Concentration	Degree

Employment Experience

Most Recent Employer	City	State	Phone
Position Held	Dates From/To	Pay Rate Upon Leaving	Supervisor
Duties		Reason for Leaving	
Next Most Recent Employer	City	State	Phone
Position Held	Dates From/To	Pay Rate Upon Leaving	Supervisor
Duties		Reason for Leaving	
Next Most Recent Employer	City	State	Phone
Position Held	Dates From/To	Pay Rate Upon Leaving	Supervisor
Duties		Reason for Leaving	
Have you ever applied with or worked for this company before? (If yes, give dates, location and position held)			
Please list any other companies in this industry for whom you have ever worked:			
Have you ever served in any branch of the United States Military? (If yes, please give branch, dates and MOS)			
It is our policy to contact all employers listed above for references. Please note here those employers listed above whom we may not contact:			

Job-Related Skills

Please answer the following questions if the position you are applying for requires driving a motor vehicle:		
Do you have a valid driver's license?	Driver's License Number	State of Issue
Do you have any restrictions or endorsements on your license? (Please list)		
Have you been convicted of or plead guilty to any traffic related offense within the past five years? (Please list)		
Have you had your driver's license suspended or revoked or had your driving privileges modified by a court of law? (Please explain)		
Please list all states from which you hold or have held a driver's license:		
Please use this space to list any special skills you may have that relate to the position applied for:		
Please list any professional licenses, designations, certifications, etc. that may relate to the position applied for. Include date granted, name of organization, and any other relevant information.		

Certification

I certify that I have read the instructions and notes on page one of this form and that the answers given by me herein are true and complete to the best of my knowledge and belief. I understand that employment is solely on an at-will basis and that my employment relationship may be terminated without notice by me or the Museum. This basis may be altered only in writing by the Chief Executive Officer of this Museum. I also understand that use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that it is the policy of Fernbank Museum to submit all employees to a criminal background check. I agree to this background check and understand that I may be terminated based on its results. I understand that this application will be considered for a period of thirty days, and that if I am not then employed, it will be necessary for me to complete another application form in order to receive further consideration.

Please verify that the information you provided is correct and complete.

Signature _____

Date _____