

**APPLICATION FOR EMPLOYMENT
MUSEUM OF APPALACHIA**

Date _____

EA2010

PERSONAL INFORMATION

Name (Print) _____ Home or Cell phone _____

Present Mailing Address _____ Emergency Phone Number _____

City _____ State _____ ZIP _____ E-mail address _____

Date of Birth _____

If at present address less than one year, please give Previous Address _____

Spouse's Name _____ Spouse's Place of Employment _____

Position applied for _____ How soon could you report to work? _____

Type of employment preferred: Full-time _____ Part-time _____ Temporary _____ Rate of Pay Expected _____

EDUCATION

Type of School	Name and Location of School	Courses Majored In	Last Grade Completed
High School:			
College:			
Degree:			

Honors or Awards: _____

Civic involvement, Clubs, Groups, etc : _____

How did you come to apply? _____ Employee Referral--whom? _____

_____ Former Employee--whom? _____

_____ Newspaper Ad _____ Walk-in _____ Other

Have you ever been convicted of a violation of the law except a minor traffic violation? _____ Yes _____ No

If so, state date, court, and place where offense occurred. _____

Have you ever been discharged or requested to resign from a position? _____ Yes _____ No

Why do you desire to make a change? _____

Have you ever held a position of trust (handling money or confidential material)? _____ Yes _____ No

Do you have any reason to believe that you would have difficulty meeting this company's work schedules? _____ Yes _____ No

If yes, explain. _____

(PLEASE CONTINUE WITH QUESTIONS ON BACK)

WORK RECORD (Start with most recent or present employer)

1. **Name and Address of Employer** _____ Telephone _____

Immediate Supervisor (Name and Position) _____ Date Hired _____

Your Job Title & Duties _____ Starting Rate _____

Reason for Leaving _____ Date left _____ Last Rate _____

May we contact this employer? Yes No

2. **Name and Address of Employer** _____ Telephone _____

Immediate Supervisor (Name and Position) _____ Date Hired _____

Your Job Title & Duties _____ Starting Rate _____

Reason for Leaving _____ Date left _____ Last Rate _____

May we contact this employer? Yes No

3. **Name and Address of Employer** _____ Telephone _____

Immediate Supervisor (Name and Position) _____ Date Hired _____

Your Job Title & Duties _____ Starting Rate _____

Reason for Leaving _____ Date left _____ Last Rate _____

May we contact this employer? Yes No

Please provide any additional information such as special skills, training, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application. _____

REFERENCES (Do Not List Relatives or Former Employers)

Name _____ Address _____ Telephone _____

Name _____ Address _____ Telephone _____

Name _____ Address _____ Telephone _____

JOB APPLICANT'S AGREEMENT AND CERTIFICATION

"I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

"I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Museum of Appalachia and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Museum of Appalachia unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the Museum of Appalachia retains the same right. "I understand that this application will be kept on active file for one year from the date completed, after which time I would have to reapply in accordance with established company procedures."

(Signature of Applicant)

(Date)

You may fill this form in Acrobat Reader and e-mail it to museum@museumofappalachia.org or mail printed form to:
Museum of Appalachia - P.O. Box 1189 - Norris, TN 37828