

Museum of Glass

APPLICATION FOR EMPLOYMENT

DATE _____

In order to provide equal employment and advancement opportunities to all individuals, employment decisions at the Museum of Glass (MG) will be based on merit, qualifications and abilities. MG does not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, sexual orientation, national origin, age, mental or physical disability, marital status, veteran status, or any other characteristic protected by law, and does not tolerate discrimination by its employees. MG will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship. This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination, and access to benefits and training.

This application will be considered active for ninety days. If you have not been employed within this period and are still interested in employment at the Museum of Glass, please contact the Museum and request that your application be reactivated.

PLEASE PRINT REQUESTED INFORMATION IN INK. (Additional forms may be required prior to hire.)

PERSONAL INFORMATION

Name (last name first)	Telephone No.
Address Street City State Zip	
If hired, can you furnish proof of age? ___ yes ___ no	
If hired, can you furnish proof that you are legally entitled to work in the United States? ___ yes ___ no	

DESIRED EMPLOYMENT

I am applying for the following position:	Date Available for Work:
	Salary Desired:
Type of employment desired: ___ Full-Time ___ Part-Time ___ Temporary	If applying for part-time employment, please indicate the hours and days you are available to work:
	If applying for temporary employment or opportunities, please indicate the dates /hours you are available to work:
Have you ever applied or volunteered at the Museum before? ___ yes ___ no	If so, when?
Do you have any relatives employed by the Museum? ___ yes ___ no	If yes, please give name/relationship:
Who referred you to the Museum?	
Can you perform the essential functions of the job, with or without, reasonable accommodations? ___ yes ___ no	

EDUCATION

School Attended (include Current)	Name and Location of School	Years Completed	Diploma/Degree
High School			
College or University			
Other			
Scholastic Honors, Scholarships, etc.			

Do you have any other experience, training, qualifications, or skills which would apply to the position for which you are applying? Please list:

EMPLOYMENT HISTORY

Please list your employment record, including any periods of unemployment. If you were employed under another name, please enter under the company name. Attach a resume to supplement the information below.

This application form must be completely filled out.

Current Employer	Company Address	Telephone ()
Name of Supervisor	Employed (Month and Year) From To	Reason for leaving May we contact this employer? ___ yes ___ no
State job title, nature of work performed and responsibilities		
Prior Employer	Company Address	Telephone ()
Name of Supervisor	Employed (Month and Year) From To	Reason for leaving May we contact this employer? ___ yes ___ no
State job title, nature of work performed and responsibilities		
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State job title, nature of work performed and responsibilities		

REFERENCES

List business or educational references of three non-relatives who are qualified to evaluate your education or work experience.

Name	Address	Position	Telephone Number

MISCELLANEOUS

Have you been convicted of a felony within the last seven (7) years? ___ yes ___ no

If yes, please explain. (Such a conviction may be relevant if job related, but does not necessarily bar you from employment.)

AUTHORIZATION

I certify that the information contained in this application is true and correct to the best of my knowledge, and I understand that any misstatement or omission of information is grounds for disqualification from further consideration or for dismissal from employment. I authorize the references listed above to give the Museum of Glass any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to the Museum. In consideration of my employment, I agree to conform to the rules and regulations of the Museum of Glass.

I understand and acknowledge that any employment relationship with the Museum of Glass is of an "at-will" nature. This means that I may resign at any time with or without notice and the Museum may terminate my employment at any time with or without cause and with or without notice. I further understand that no supervisor, manager, or representative of the Museum other than the Director of the Board of Trustees has the authority to enter into any agreement with any current or prospective employee for employment for any specified period or to make any promises or commitments contrary to the foregoing. Further any employment agreement entered into by the Director or the Board of Trustees shall not be enforceable unless it is in writing.

Applicant's Signature _____ Date _____