

## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other protected status. Qualified applicants are considered for employment according to the laws of the respective state of employment.

**INSTRUCTIONS:** Applicants must furnish complete and accurate information. Incomplete applications will not be considered for employment. You may attach a resume, but complete this application as well and attach resume to back (DO NOT WRITE "SEE RESUME" on application). In responding to questions on this application, continue on a separate sheet of paper if you require more space.

**(PLEASE READ CAREFULLY, COMPLETE IN BLACK INK & PLEASE PRINT)**

Date of application: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Lived here since: \_\_\_\_\_ Best Time To Call: \_\_\_\_\_

Date available to start: \_\_\_\_\_

Position Applying For \_\_\_\_\_

First Preference: \_\_\_\_\_ Salary Expected: \$ \_\_\_\_\_ per \_\_\_\_\_

Second Preference: \_\_\_\_\_ Salary Expected: \$ \_\_\_\_\_ per \_\_\_\_\_

Full-time  Part-time  Days  Evenings  Weekends  Other: \_\_\_\_\_

(It is not necessary for you to identify unavailability for work because of religious observance or practice. After, and if, a job offer is made, we will consider whether a reasonable accommodation can be made for your observance.)

Where did you hear about employment at this Company?

Newspaper: \_\_\_\_\_  Referral Source: \_\_\_\_\_  Web Site: \_\_\_\_\_

Advertising Source: \_\_\_\_\_  Walk-in Applicant  Other: \_\_\_\_\_

Have you ever applied for an employment position at this Company before?  Yes  No If "Yes", when? \_\_\_\_\_

Have you ever been employed by this Company before?  Yes  No If "Yes", When? \_\_\_\_\_

Where? \_\_\_\_\_

### EDUCATIONAL DATA

High School: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Did you graduate?  Yes  No "No" Highest grade achieved: \_\_\_\_\_ Have you received your GED?  Yes  No

College: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Major: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Degree received: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

Trade, Business or Correspondence School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Major: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Degree received: \_\_\_\_\_

Are you planning to pursue further studies?  Yes  No If "Yes", When, Where and What courses? \_\_\_\_\_

## GENERAL INFORMATION

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(In responding to these questions, continue on a separate sheet if you require additional space.)

In order to permit a check of your work and education records, should we be made aware of any change of name or assumed name that you previously used?  Yes  No If "Yes", identify the name(s) and relevant dates: \_\_\_\_\_

If employment is offered, can you submit a birth certificate, social security card, certificate of U.S. citizenship or verification of your legal right to work in the U.S.?  Yes  No

(Pursuant to the Immigration Reform and Control Act of 1986, all applicant's who receive an offer of employment must immediately complete an I-9 form and produce documentation, no later than seventy-two hours after commencement of employment, establishing their identity and authorization for employment in the United States.)

If employment is offered, can you provide personal identification such as U.S. Passport, a driver's license or photographic identification card issued by the state?  Yes  No

Are you over 18 years of age?  Yes  No If "No", state age: \_\_\_\_\_ (If "No", Employment is subject to verification that you are of legal age to work.)

Have you ever been convicted of or plead guilty to a crime?  Yes  No If "Yes", please explain: \_\_\_\_\_

A "Conviction" will not automatically disqualify you from being considered as a candidate for employment.

Do you (please check all that apply):  Speak English?  Read English?  Write English?

Do you speak, read or write a language other than English?  Yes  No If "Yes", please specify: \_\_\_\_\_

### Activities/Special Skills

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Include any activities and/or skills that you feel would be relevant to the position you are applying for: \_\_\_\_\_

Special Training or Skills: \_\_\_\_\_

# EMPLOYMENT EXPERIENCE

Start with your present or last job, account for all periods of time, unemployment and military service included.

**(All Applicants Must Account For The Last 10 Years.)**

(If you need additional space, please continue on a separate sheet of paper.)

Current Employer or Most Recent Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Position Held: \_\_\_\_\_  Full-Time  Part-Time

Job Duties & Responsibilities: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Start Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_ week/month

Reason For Leaving: \_\_\_\_\_

May we contact this employer?  Yes  No If "No", please explain: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Position Held: \_\_\_\_\_  Full-Time  Part-Time

Job Duties & Responsibilities: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Start Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_ week/month

Reason For Leaving: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Position Held: \_\_\_\_\_  Full-Time  Part-Time

Job Duties & Responsibilities: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Start Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_ week/month

Reason For Leaving: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Position Held: \_\_\_\_\_  Full-Time  Part-Time

Job Duties & Responsibilities: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Start Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_ week/month

Reason For Leaving: \_\_\_\_\_

## ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT HISTORY

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(In responding to these questions, continue on a separate sheet if you require additional space.)

List dates and reasons for any gaps in employment experience you listed over a one-month period. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MILITARY SERVICE

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Were you in the U.S. Armed Forces?  Yes  No If "Yes" What branch: \_\_\_\_\_

Length of Service: From: \_\_\_\_\_ To: \_\_\_\_\_ Rank at discharge: \_\_\_\_\_

Describe any special job related training received relating to position applied for: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Type of discharge: \_\_\_\_\_

## REFERENCES

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Give name, address and telephone numbers of 5 personal references that are not related to you and are not previous employers.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_ Occupation: \_\_\_\_\_

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**AS AN APPLICANT YOU AGREE TO AND UNDERSTAND THE FOLLOWING**

I hereby affirm that the information provided in this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information, significant omissions or misrepresentations may disqualify me and may be considered sufficient justification for dismissal if discovered at a later date.

I authorize a thorough employment background investigation and agree to cooperate in such investigations. I agree to release, from all liabilities or responsibilities, all persons, agencies and corporations requesting or supplying such information. If employed, I release this Company from any liability for future references it may provide regarding my work history at the firm.

I understand that if employed, my employment is for no definite period of time and that I may terminate my employment relationship with this Company at any time, for any reason, and that this Company has the same right. I also understand and agree that this Company may change the terms and conditions of my employment, with or without cause, and with or without notice at any time. I also understand that no Company representative other than the President, and then only in writing and signed by the President, has the authority to enter into any agreement for any specific period of time, or make any agreement contrary to the foregoing.

If employment is obtained under this application I will comply with all rules and regulations this Company. I agree to be responsible for this Companies property and equipment issued to me by this Company, until returned to this Company.

I understand that according to federal law all individuals must, as a condition of employment, produce certain documentation to verify their identity as a U.S. citizen or, if aliens, their legal authorization to work in the U.S.A. As a result, I understand that employment would be contingent upon producing the required documentation within the time period required by law.

The above policies are subject to change at any time.

I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original.

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Signature of Applicant

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Date

DAYTON SOCIETY OF NATURAL HISTORY, INC.  
BOONSHOFT MUSEUM OF DISCOVERY  
SUNWATCH INDIAN VILLAGE/ARCHAEOLOGICAL PARK  
2600 DEWEESE PARKWAY  
DAYTON, OH 45414-5499

**IS AN EQUAL OPPORTUNITY EMPLOYER**