

Frazier Farmstead Museum APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

POSITION APPLIED FOR:

DEPARTMENT:

DATE OF APPLICATION:

PLEASE PRINT

Name:	Last Name	First Name	Middle Initial	Home Phone: () -
Address:				Work/Message Phone: () - Best time to Call:
City, State, Zip:				E-Mail Address:

How did you learn of this position? _____

Do you have responsibilities that would prevent you from traveling, working unusual hours or overtime if required by the job? Yes No

Days or hours unwilling/unable to work _____

After hire can you provide Proof of Citizenship or Immigration Status? Yes No

Are you currently working? Yes No

May we contact your current employer? Yes No

Are you available to work on days the Museum is not open to the Public? Part Time per Museum Hours and Events

Date Available to start work Fall of 2023 or _____?

What is your desired salary range? _____

Have you been convicted of a misdemeanor or felony within the past seven years? Yes No

If yes, Date _____ Details _____

(Conviction will not necessarily disqualify an applicant from employment.)

Do you possess bi-lingual skills? Language _____ Read Write Speak

Do you have a valid Driver's License: Yes No

Do you enjoy learning about, and discussing, local history? () Yes () No

EDUCATION AND TRAINING

High School Graduate or GED test passed? Yes No

College or Vocational School and Location	Dates From To	Major Studied	Degree Earned
	-		
	-		
	-		

Professional Licenses, Certifications	State Issued	License Number	Date Issued/Exp.

SKILLS

- | | | |
|--|--|--|
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Report and/or Grant Writing | Willing to learn about Grant Writing? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Calculator by touch | <input type="checkbox"/> Data Entry | <input type="checkbox"/> First Aid/CPR |
| <input type="checkbox"/> Cashiering | <input type="checkbox"/> Bookkeeping/Math | <input type="checkbox"/> Other _____ |

Special Consideration: Must have the ability to navigate stairs. If you are selected to participate in an examination or interview and need any special accommodation in order to complete or participate in the process because of an impairment or disability, please notify a member of the Frazier Farmstead Board at frazier1868@gmail.com

EMPLOYMENT HISTORY

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disability or other protected status.

Note: Please provide explanation for unemployment gaps of more than six months

<i>Employer</i>		<i>Dates Employed</i>
<i>Address</i>		<i>Starting Wage:</i>
<i>City</i>		<i>Ending Wage: Hours per wk.</i>
<i>Position Title</i>	<i>Supervisor</i>	<i>Phone number () - -</i>
<i>Reason for leaving</i>		
<i>Summarize major work duties: (DO NOT write "see resume")</i>		

Employer		Dates Employed
Address		Starting Wage:
City		Ending Wage: Hours per wk.
Position Title	Supervisor	Phone number () -
Reason for leaving		
Summarize major work duties: (DO NOT write "see resume")		

Employer		Dates Employed
Address		Starting Wage:
City		Ending Wage: Hours per wk.
Position Title	Supervisor	Phone number () -
Reason for leaving		

PERSONAL REFERENCES

Give the names of at least 3 of the following: past employers, teachers or any individual who may supply a reference. No relatives please.

Name _____ Phone () - _____

Name _____ Phone () - _____

Name _____ Phone () - _____

I certify that the answers given herein are true and complete.

This application for employment shall only be considered for the department and position named. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date