

FULL NAME (Last, First, Middle)	DATE	POSITION APPLIED FOR (1 Application Per Job Opening)
ADDRESS (Street or PO Box)		MINIMUM SALARY EXPECTED
		WHICH OF THE FOLLOWING WILL YOU ACCEPT? (Check All That Apply)
City, State, Zip Code	County	<input type="checkbox"/> Full Time <input type="checkbox"/> Rotating Shifts
How Many Years Have You Lived at This Address?		<input type="checkbox"/> Part Time <input type="checkbox"/> Nights
PHONE#s 1 st Contact# 2 nd Contact#		<input type="checkbox"/> Temporary <input type="checkbox"/> Weekends <input type="checkbox"/> Seasonal
Are You 18 Years of Age or Older? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Hired, When Can You Start?

EDUCATION INFORMATION

(Circle) Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 / GED / College 1 2 3 4 / Graduate School 1 2

	Name and Location	Dates Attended	Graduate	Degree	Major
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
College or University			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate or Professional			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Business, Trade or Military			<input type="checkbox"/> Yes <input type="checkbox"/> No		

SKILLS AND LICENSE INFORMATION

Active Professional Registrations/Licenses/Certifications

(Examples: Notary, Water/Wastewater, EIT, PE, EMT, etc.)

On-the-Job Apprenticeship/Vocational Training Yes No

List Your Trade/s?

What Year Did You Complete Your Training?

How Many Years of Work Experience In Your Trade?

Do You Possess Any of the Following Skills?

Typing: Yes No Speed _____ (wpm)

List Computer Applications Below: (Word, Excel, PPoint, Access, etc)

Can You Operate the Automotive Equipment Listed Below?

Trucks/Dump Trucks Yes No

Backhoes Yes No

Front-End Loaders Yes No

List Other: _____

Other Languages? Yes No

Please List Them: _____

Do You Possess a Valid Driver's License? Yes No

List Class and Endorsement/s? _____

PERSONAL INFORMATION

Are You a United States Citizen? Yes No / If Not, Are You Eligible to Work in the United States? Yes No

(The Schiele Museum Will Only Hire United States Citizens or Aliens Authorized to Work in the United States.)

Have You Worked for the Schiele Museum Before? Yes No If yes, Dept./Div. Dates: _____ to _____

Do You Have Relatives That Work For Us? Yes No / If so, List Names/Relationships: _____

Have You Complied with the Requirements of the Federal Selective Service Registration Act (Draft Registration)? N/A Yes No

Have You Served in the U.S. Armed Forces? Yes No / If yes, Branch: _____ Dates: _____ to _____

Highest Rank Attained _____ Occupational Specialty _____

Have You Ever Been Convicted of a Crime Other Than Minor Traffic Violations? (This Does Not Automatically Disqualify You) Yes No

If Yes, List Date, Place and Disposition of Case: _____

EMPLOYMENT IS CONTINGENT UPON THE SUCCESSFUL COMPLETION OF A DRUG SCREENING EVALUATION. SUCCESSFUL COMPLETION OF THIS EVALUATION IS NO GUARANTEE OF EMPLOYMENT.

EMPLOYMENT HISTORY

List below your previous work experience. Start with your most recent position and work back in time. Please include service in the U.S. Armed Forces and any self-employment. Use continuation sheet if more space is needed.

LAST JOB		Month Year	
Employer	Phone #	From	
Employer's Address		To	
List Your Job Title & Duties	# of PPL You Supervised:	Full Time <input type="checkbox"/> Yes <input type="checkbox"/> No	Part Time <input type="checkbox"/> Yes <input type="checkbox"/> No
		Start Salary	
		Last Salary	
May We Contact Them? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason For Leaving?			
		Supervisor's Name and Title	
PREV JOB		Month Year	
Employer	Phone #	From	
Employer's Address		To	
List Your Job Title & Duties	# of PPL You Supervised:	Full Time <input type="checkbox"/> Yes <input type="checkbox"/> No	Part Time <input type="checkbox"/> Yes <input type="checkbox"/> No
		Start Salary	
		Last Salary	
May We Contact Them? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason For Leaving?			
		Supervisor's Name and Title	
PREV JOB		Month Year	
Employer	Phone #	From	
Employer's Address		To	
List Your Job Title & Duties	# of PPL You Supervised:	Full Time <input type="checkbox"/> Yes <input type="checkbox"/> No	Part Time <input type="checkbox"/> Yes <input type="checkbox"/> No
		Start Salary	
		Last Salary	
May We Contact Them? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason For Leaving?			
		Supervisor's Name and Title	
PREV JOB		Month Year	
Employer	Phone #	From	
Employer's Address		To	
List Your Job Title & Duties	# of PPL You Supervised:	Full Time <input type="checkbox"/> Yes <input type="checkbox"/> No	Part Time <input type="checkbox"/> Yes <input type="checkbox"/> No
		Start Salary	
		Last Salary	
May We Contact Them? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason For Leaving?			
		Supervisor's Name and Title	

PERSONAL REFERENCES (List three people, other than relatives or former employers, who can vouch for your character.)

Name	Street Address	City/State	Phone#	#Yrs Known
1.				
2.				
3.				

By my signature below, I certify that the facts entered in this application are true, complete and accurate to the best of my knowledge. I understand that misstatements and falsifications are grounds for non-selection and, if discovered after employment, are grounds for immediate dismissal without recourse. I also understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. Pursuant to the Immigration Reform and Control Act of 1986, I understand that, if hired, I must provide the Schiele Museum with the appropriate document(s) verifying both identity and employment eligibility to work in the United States.

Signature of Applicant _____ **Date** _____