

Application Disclaimer

- Follow all instructions. All fields are required. Applications not complete will be rejected.
- Applicants are subject to random drug screening.
- Applicants may be subject to a criminal background report.
- Applicants must be flexible in schedule and willing to work weekends and holidays as needed.
- Completing an application does not constitute or imply employment. Your application will be reviewed and you may be contacted for an interview process.

Privacy Statement

Once The Schiele Museum of Natural History and Planetarium, Incorporated receives your application your information will be used only for the purpose of employment. Your information will only be viewed by our management team and stored securely. We will not share any information you provide including your email address with any third parties unless instructed to do so by Federal, State or Local authorities.

To Electronically Send This Application

Insure you have downloaded the form and that you save a completed copy to your computer or device. Otherwise it will send a blank application.

The Schiele Museum of Natural History and Planetarium, Inc. does not accept any responsibility for misdirected, lost or intercepted emails of information or the transfer of any viruses, Trojans or complications associated during electronic communications. By completing the application and submitting via email you agreeo this policy. You may fill in your information, print and deliver in via US Postal Service to 1500 East Garrison Blvd., Gastonia, NC 28056.

Please note that if you complete this form in a Web Browser you must save the document and email it separately to tonyp@cityofgastonia.com. This form is best completed using Acrobat Reader (download at <https://get.adobe.com/reader/>)

Electronic Signature

Typing your name in the signature line and placing a check in the box you agree that all statements you provided are true and any falsifying information could result in termination if employed.

Thank you for your interest in becoming a team member. The Schiele Museum of Natural History and Planetarium, Inc.

The Schiele Museum of Natural History
and Planetarium, Incorporated



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ Required upon employment _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a crime? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references who are not related to you.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Electronic

Signature: _____ Date: _____

Checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Disclaimer

Anti-Discrimination Clause

This Company does not tolerate unlawful discrimination or harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local laws.

**Save This File to Your Computer and
Send it via email to
rebeccab@cityofgastonia.com**