



EMPLOYMENT APPLICATION

Applicants are considered for positions with Beaumont Children's Museum without regard to race, religion, color, gender, national origin, age, marital or veteran status, sexual orientation, disability or any other legally protected status.

This application will be active for 60 days. After this period, if you still wish to be considered, please contact us.

(PLEASE PRINT)

How did you hear Internet: _____ Newspaper: _____
 Position/s Desired _____ about this job? School: _____ Other: _____

Are you interested in working: Year-Round Seasonal Summer Only

Date of Application: _____

Last Name: _____ First Name: _____ Middle Name: _____

Current Street Address: _____ City: _____ State/ZIP: _____

Phone Number: _____ Cell Phone Number: _____ Email: _____

Are you legally eligible for employment in the United States? Yes No
 (Proof of US Citizenship or immigration status **will** be required upon employment)

Are you on layoff and subject to recall? Yes No

Will you work overtime if required? Yes No

Are you currently employed? Yes No

May we contact you at work if necessary? Yes No

Telephone Number _____

If employed and under 16, can you furnish a work permit? Yes No

When would you be available to start work? _____

Have you been employed with Beaumont Children's Museum before? Yes No
 If "YES", when? _____ Department Location/Site _____

Have you talked with a Beaumont Children's Museum staff member? Yes No
 If "YES", who? _____

Have you ever been convicted of a misdemeanor or felony in any jurisdiction? Yes No
 If Yes: City: _____ State: _____ Date: _____

Please Explain:

(You will not be denied a job solely because of a conviction unless the conviction is related to the job for which you have applied.)

LIST PREVIOUS EMPLOYMENT BELOW

Start with current/most recent employer - Explain any gaps in employment. You may also attach a resume.

1. Name and Address of Employer	Dates of Employment From _____ To _____
	Final Pay Rate
	Your Job Title
Telephone Number	Supervisor's Name
Your Job Duties	Reason for Leaving
2. Name and Address of Employer	Dates of Employment From _____ To _____
	Final Pay Rate
	Your Job Title
Telephone Number	Supervisor's Name
Your Job Duties	Reason for Leaving
3. Name and Address of Employer	Dates of Employment From _____ To _____
	Final Pay Rate
	Your Job Title
Telephone Number	Supervisor's Name
Your Job Duties	Reason for Leaving

Have you ever been dismissed or forced to resign from employment? Yes No

If "Yes", please explain:

May we contact the employers/supervisors listed above? Yes Not Right Now; Later Date: _____ No

If "Not Right Now" or "No," list the employer(s) not to contact _____

If you have had any job training in the military, please describe below:

Branch of Service _____

List any business, professional, trade or civic organizations and offices held: (You may exclude any information which would reveal age, gender, race, color, religion, ancestry, disability or other protected status.)

EDUCATION	High School	Technical/ Apprenticeship/ College/University	Graduate/ Professional
School Name and Location (City, State)			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course of Study			
Describe any Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities			
Describe Any Honors You Have Received			
State Any Additional Information You Feel May be Helpful to Us in Considering Your Application			

Copies of Certifications, Transcripts, Degrees and/or Licenses may be required.

Please list any certifications, licenses, special skills, knowledge or abilities that you believe are relevant to the job for which you are applying: _____

REFERENCES

Provide the name, address and telephone numbers of **three (3) character references that you have known for at least one (1) year and are not related to you (i.e. not family)**. References should include work supervisors, teachers, coaches, counselors or volunteer/project leaders.

NAME	RELATIONSHIP	DAY TELEPHONE	EVENING TELEPHONE

PRE-EMPLOYMENT INVESTIGATION AUTHORIZATION

This statement must be answered!

I grant my approval for Beaumont Children's Museum to conduct reference, background and police checks. Yes No

APPLICANT AGREEMENT AND CERTIFICATION

The information I have provided herein is correct and complete to the best of my knowledge. I understand that if I misrepresent or deliberately leave out a fact in my application, I may be refused employment or, if employed, I may be terminated. I authorize Beaumont Children's Museum to contact previous employers, except where otherwise noted, for reference and verification of statements made. I have given Beaumont Children's Museum my authorization to thoroughly investigate my educational background, past employment and personal history/activities that may relate in any way to my potential fitness for employment with Beaumont Children's Museum. I will not hold any Beaumont Children's Museum official representative liable for giving or receiving information in this investigation.

I acknowledge Beaumont Children's Museum is committed to providing a safe and healthy environment for youth, staff and customers. In keeping with this philosophy, I agree to uphold a drug, alcohol, and tobacco-free work and living environment that also prohibits weapons or firearms anywhere on the premises. I understand that this applies both at the museum and when out of the museum as part of a travel program. I share this commitment and am dedicated to being a role model for the youth Beaumont Children's Museum serves.

I understand that if Beaumont Children's Museum employs me that I may terminate my employment at any time and that Beaumont Children's Museum may terminate my employment without notice or cause. I agree to abide by the rules and regulations of Beaumont Children's Museum and I understand that will not enter into any agreement or contract, verbal or written, concerning length of employment, wages, benefits or other conditions of employment. At termination, Beaumont Children's Museum is liable only for wages or salary or benefits earned as of the date of my termination.

I understand that my initial employment and continued employment with Beaumont Children's Museum is contingent upon satisfactory reference, background checks.

My signature below indicates I have read and agree to all the certifications and authorizations in this application.

Signature _____ Date _____

Skills and Experience Questionnaire

Child and Youth Experience

Describe your experience working with children and youth through (i.e. internships, jobs and/or volunteer work.)

Experience

Describe your most memorable positive or negative experience working with children & youth.

(attach another page if necessary)

Skills and Interests

Indicate your level of experience for each listed activity using the following scale:

- 1 = I have led this activity with groups.
- 2 = I have participated in the activity, but have not led it.
- 3 = I have little or no experience in this activity.

General Program:

- Multicultural Activities
- Conflict Resolution
- Arts and Crafts
- New Games
- Drama/Theatre
- Storytelling
- Native American Lore
- Singing/song leading
- Nature Study
- Teambuilding

Environmental Program:

- Forest Ecology
- Aquatic Ecology
- Project Learning Tree
- Nature's Classroom
- Project Wild/Aquatic Wild
- STEM- Science, Technology, Engineering, Math

Other skills/talents:

Check certifications/licenses you currently hold, and in the space next to the item, please note the expiration date.

- Adult CPR _____
- Infant/Child CPR _____
- First Aid _____
- Other _____

Attention Applicant: Signing this form allows Beaumont Children's Museum to conduct a background investigation that includes checks of criminal and DMV records, child abuse registries, and a variety of other public records.

CONSENT TO PROCUREMENT OF REPORT

I understand that, as a condition of my consideration for employment with Beaumont Children's Museum or as a condition of my continued employment with Beaumont Children's Museum, Beaumont Children's Museum may obtain a consumer report that includes, but is not limited to, my employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my character, general reputation, personal characteristics, and trustworthiness.

I hereby authorize and consent to Beaumont Children's Museum procurement of such a report.

Signature of Applicant or Employee

Date

Printed Name of Applicant or Employee

FOR Beaumont Children's Museum Use:

Applicant's ID verified for background check, copy of photo ID is attached.

Signature of Beaumont Children's Museum
Staff Person

Date