

Job: Visitors Services Associate – Limited Term

Updated: April 25, 2018

Job Description and Duties:

The Visitor Services Associate is the first person visitors encounter when they enter the Museum. The Associate is responsible for providing excellent customer service by greeting visitors and answering questions in person and on the phone. This position also operates the cash register to collect admissions and sell gift shop merchandise. The Associate will perform other simple clerical duties and will re-stock shop shelves as needed.

Qualifications:

- Excellent customer service skills.
- Experience working with cash and credit card transactions through web-based point-of-sale system.
- Basic familiarity with Downtown Appleton to make food and entertainment recommendations to out-of-town visitors.
- Ability to communicate effectively with way-finding in the museum and delivering some historical content.
- Ability to lift 25 pounds.
- Ability to sit and stand at a reception desk for up to 4 hours at a time.
- Use multi-line telephone system.
- Use MS Word and Excel software.

Employment Status:

Limited Term Part-time, non-exempt

Reports to:

Business Manager or Shift Manager



Employment Application

Outagamie County Historical Society, Inc. 330 E. College Avenue Appleton, WI 54911 Contact Sheila Ploeckelman at phone: 920 735-9370 ext. 104 or email: sheila@myhistorymuseum.org

Personal Information

Name: Last	First	Middle Initial
Address:		
City/State:		zip:
Birth-date: Month / Day / Year		Social Security No
Employment Desired		
Position Date you can Start		☐ Full Time ☐ Part Time Desired Salary
Education History		
High School:		
Years attended:	Did yo	u Graduate? □ yes □ no
Subjects Studied:		
College:		
Years attended:	Did yo	u Graduate? □ yes □ no
Subjects Studied:		
Trade, Business, or		
Correspondence School:		
Years attended:	Did yo	u Graduate? □ yes □ no
Subjects Studied:		

Employment History

Name of Employer:		
	email:	
Address:		
	zip:	
Employment Date: From	To	
Position	Full Time Part Time Sa	lary
Reason for Leaving:		
Name of Employer:		
	email:	
Address:		
City/State:	zip:	
Employment Date: From	To	
Position	Full Time Part Time Sa	lary
Reason for Leaving:		
Name of Employer:		
Phone: ()	email:	
Address:		
City/State:	zip:	
Employment Date: From	To	
Position	☐ Full Time ☐ Part Time Sa	lary
Reason for Leaving:		

Skills & Experience

Special training, skills, hobbies
Groups, Clubs, organizational memberships
What experiences have you had that prepare you to work in the position you are applying?
Have you ever been convicted of a crime? \square No \square Yes (If yes, please explain the nature of the crime and the date of the conviction and disposition.) Conviction of a crime is not an automatic disqualification for employment.
Do you have a driver's license? □ No □ Yes

General Information

Availability:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How did you hear about Outagamie Coun	ty Historical Society Employment opportunities?
Brochure? Internet? Friend or relative? O	ther?
References Name	Relationship
Length of Relationship	E-Mail:
Phone (Primary): ()_	Phone (Secondary): ()
Name	Relationship
Length of Relationship	E-Mail:
Phone (Primary): ()	Phone (Secondary): ()
Name	Relationship
Length of Relationship	E-Mail:
Phone (Primary): ()	Phone (Secondary): ()
that I have and will provide information the application for employment and in intervitrue, correct and complete to the best of	or and not a commitment or promise of employment. I certify arroughout the selection process, including on this ews with Outagamie County Historical Society, Inc that is my knowledge. I certify that I have and will answer all at I have not and will not withhold any information that
Historical Society, Inc. I authorize investig and employers listed above to give you an and any pertinent information they may hall liability for any damage that may result misrepresentations or omissions may be	on my application will be verified by Outagamie County gation of all statements contained herein and the references my and all information concerning my previous employment have, personal or otherwise, and release the company from t from utilization of such information. I understand that cause for my immediate rejection as an applicant for orical Society, Inc or my termination as an employee.
Signature:	Date: