



HISTORY MUSEUM AT THE CASTLE

Employment Application

Outagamie County Historical Society, Inc. dba
History Museum at the Castle
330 E. College Avenue
Appleton, WI 54911

Contact Michelle Lokken at
phone: 920 735-9370 ext. 105 or
email: michelle@myhistorymuseum.org

Personal Information

Name: _____

Last

First

Middle Initial

Phone: (____) _____ email: _____

Address: _____

City/State: _____ zip: _____

Birth-date: _____ Social Security No. _____

Month / Day / Year

Employment Desired

Position _____

Full Time Part Time

Date you can Start _____

Desired Salary _____

Education History

High School: _____

Years attended: _____ Did you Graduate? yes no

Subjects Studied: _____

College: _____

Years attended: _____ Did you Graduate? yes no

Subjects Studied: _____

Trade, Business, or Correspondence School: _____

Years attended: _____ Did you Graduate? yes no

Subjects Studied: _____

Employment History

Name of Employer: _____

Phone: (____) _____ email: _____

Address: _____

City/State: _____ zip: _____

Employment Date: From _____ To _____

Position _____ Full Time Part Time Salary _____

Reason for Leaving: _____

Name of Employer: _____

Phone: (____) _____ email: _____

Address: _____

City/State: _____ zip: _____

Employment Date: From _____ To _____

Position _____ Full Time Part Time Salary _____

Reason for Leaving: _____

Name of Employer: _____

Phone: (____) _____ email: _____

Address: _____

City/State: _____ zip: _____

Employment Date: From _____ To _____

Position _____ Full Time Part Time Salary _____

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? No 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 History Museum at the Castle Employment opportunities?

Brochure? Internet? Friend or relative? Other? _____

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): (____) _____

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of employment. I certify that I have and will provide information throughout the selection process, including on this application for employment and in interviews with Outagamie County Historical Society, Inc that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for employment

I understand that information contained on my application will be verified by Outagamie County Historical Society, Inc d.b.a History Museum at the Castle. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for employment with Outagamie County Historical Society, Inc d.b.a History Museum at the Castle or my termination as an employee.

Signature: _____ Date: _____