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| Employment Application |
| History Museum at the Castle330 E. College Avenue Appleton, WI 54911 | Contact Michelle Lokken atphone: 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:

Month / Day / Year

# Employment Desired

Position Date you can Start

Social Security No.

□ Full Time □ Part Time 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

Are you authorized to work in the US? □ 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): ( )

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*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 d.b.a History Museum at the Castle 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: