

Houston Museum of Natural Science

APPLICATION FOR EMPLOYMENT

Applicant

Name

Last

First

Middle Initial

Application Date _____

Email _____



Houston Museum of Natural Science

APPLICATION FOR EMPLOYMENT

Be detailed and thorough about your experience. Type or neatly print the application and any attached sheets. Fill in any blanks or indicate not applicable (N/A); If there is not enough space, attach additional sheets. Incomplete information concerning dates of employment, education, etc. will prevent us from considering you for available employment opportunities. All applicants are given equal consideration for employment without regard to race, color, religion, sex, national origin, age, and disability in compliance with all federal and state laws.

PERSONAL INFORMATION

NAME: _____ DATE: _____
 LAST FIRST MIDDLE INITIAL

PRESENT ADDRESS	PREVIOUS ADDRESS	PHONE
EMAIL:	(if less than 1 year at present address)	CELL:
STREET:	STREET:	HOME:
CITY:	CITY:	WORK:
STATE, ZIP:	STATE, ZIP:	

IF HIRED, WILL YOU BE ABLE TO PROVIDE PROOF OF EMPLOYMENT AUTHORIZATION AND IDENTIFY WITHIN THREE DAYS OF EMPLOYMENT
 Yes No

HAVE YOU ATTENDED SCHOOLS OR WORKED UNDER ANOTHER NAME?
 Yes No
 IF YES, NAME: _____

EMERGENCY CONTACT
 NAME: _____
 PHONE: _____

ARE YOU AT LEAST 14 YEARS OF AGE?
 Yes No

POSITION DESIRED

PRIMARY POSITION OF INTEREST _____ OTHER POSITION _____

SALARY DESIRED _____

ARE YOU EMPLOYED NOW? Yes No IF YES, NAME OF COMPANY _____

DATE YOU CAN START _____

APPLICATION FOR FULL TIME PART TIME SUMMER OTHER

EDUCATION

HIGH SCHOOL _____ DID YOU GRADUATE? Yes No GPA _____

COLLEGE, TRADE OR TECHNICAL SCHOOLS	FROM MO/YR	TO MO/YR	MAJOR/MINOR	TOTAL HOURS	MAJOR GPA	OVERALL GPA	DID YOU GRADUATE?
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT INFORMATION

MAY WE CONTACT YOUR CURRENT EMPLOYER? Yes No

This area must be filed out completely. List most recent employment first.

FROM MO/YR	TO MO/YR	COMPANY	POSITION DESCRIPTION	SALARY/TOTAL COMPENSATION	REASON FOR LEAVING
		NAME:			
		CITY:			
		STATE:			
		PHONE:			
		SUPERVISOR:			
		NAME:			
		CITY:			
		STATE:			
		PHONE:			
		SUPERVISOR:			
		NAME:			
		CITY:			
		STATE:			
		PHONE:			
		SUPERVISOR:			

SPECIAL SKILLS

FOREIGN LANGUAGE SPOKEN		SOFTWARE APPLICATIONS WITH PROFICIENCY & YEARS OF EXPERIENCE
FOREIGN LANGUAGE WRITTEN		
FOREIGN LANGUAGE READ		
SUBJECTS OF SPECIAL STUDY OR RESEARCH		
BUSINESS MACHINES YOU CAN OPERATE		
TYPING SPEED (WORDS PER MNUTE)		

TRAINING/CERTIFICATION

DESCRIBE ANY OTHER SPECIAL TRAINING OR SKILLS, WHICH MAY RELATE TO THE KIND OF POSITION FOR WHICH YOU ARE APPLYING

LIST TRADES AND PROFESSIONAL CERTIFICATIONS IN WHICH YOU HAVE RECOGNIZED PROFICIENCY OR LICENSE

GENERAL

HAVE YOU BEEN CONVICTED, PLACED ON PROBATION, DEFERRED ADJUDICATION, OR PAID A FINE FOR ANY OFFENSE WITHIN THE LAST FIVE (5) YEARS? Yes No

If YES, please provide date(s) and a brief explanation.

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ANSWERING "YES" TO THIS QUESTION IS NOT NECESSARILY A BAR TO EMPLOYMENT.

MILITARY

HAVE YOU EVER SERVED IN MILITARY? Yes No

SERVICE DATES
FROM: _____
TO: _____

WHAT WAS YOUR RANK UPON DISCHARGE?

DESCRIBE DUTIES WHILE IN MILITARY SERVICE AND SPECIAL SKILLS LEARNED

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ARE YOU CURRENTLY ENGAGED IN MILITARY SERVICE? Yes No

ADDITIONAL INFORMATION

HAVE YOU EVER BEEN EMPLOYED BY HMNS?

Yes No

IF YES, FROM: _____ TO: _____

WHICH DEPARTMENT? _____

HAVE YOU PREVIOUSLY INTERVIEWED WITH HMNS?

Yes No

IF YES, FROM: _____ TO: _____

WHICH DEPARTMENT? _____

LIST ANY RELATIVES /FRIENDS WHO WORK FOR HMNS

NAME	RELATION

REFERENCES

LIST ANY BUSINESS REFERENCES FAMILIAR WITH YOUR WORK HISTORY (SUPERVISORY REFERENCES PREFERRED, ACADEMIC REFERENCES IF APPROPRIATE)

NAME	WORK PHONE

PRE EMPLOYMENT STATEMENT

It is understood and agreed that any misrepresentations by me in this application will be sufficient cause for cancellation of the application and/or separation from the Museum's services. Unless indicated elsewhere in this application, I authorize the Museum or its agent to verify all of the information I have provided in this application. I hereby authorize any persons or concerns to furnish information in their possession concerning any of the information I have provided in this application and release such persons or concerns from any and all liability arising therefrom.

I also understand and agree that if I am employed by the Museum, my employment and compensation can be terminated, with or without cause or reason and with or without prior notice, at any time.

I additionally authorized the Museum to deduct advance, and other amounts owed the Houston Museum of Natural Science from salary either during employment, or from termination pay. As a condition of employment with the Houston Museum of Natural Science, I understand I must:

- abide by the terms and conditions of the Museum's drug abuse policy.
- provide verification of my identity and authorization to working in the United States of America according to the provisions of Immigration Reform and Control Act of 1986.

SIGNATURE OF APPLICANT

DATE

theHoustonMuseumofnaturalscience

Visitor Services and Museum Store Department

1. How many hours will you be able to work per week? (e.g. 10 hrs, 29 hrs.)

2. Which days and shift times are you available to work Sunday - Sunday?

Example

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
800-700	800-700	800-700	800-700	800-700	800-700	800-700

*Please note that you must be available to work one weekend day (Sat or Sun).

3. Are you available to work holidays?