



10 Children's Way, Pittsburgh, PA 15212

Application for Part-Time Employment

WE CONSIDER APPLICANTS FOR ALL POSITIONS ON THE BASIS OF QUALIFICATIONS AND WITHOUT DISCRIMINATION TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, VETERAN STATUS, DISABILITY, SEXUAL ORIENTATION, AND ANY OTHER LEGALLY PROTECTED STATUS.

PERSONAL

PLEASE PRINT

FULL NAME	FIRST MIDDLE LAST	Preferred Name (if any)	
PRESENT ADDRESS	STREET (Including Apartment number if any) CITY	HOME TELEPHONE	CELL PHONE
	STATE ZIP	E-MAIL ADDRESS	BEST PLACE TO CONTACT YOU:

POSITION APPLIED FOR _____ DATE OF APPLICATION _____

WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE MUSEUM AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS. Please state dates/times you would be unavailable for work:

Were you referred by an employee of the Museum? If yes, name of employee:

Why are you interested in working for the Museum?

What Strengths would you bring to the Museum?

Are you legally eligible to be employed in the United States? YES [] NO []
(Proof of identity and eligibility will be required upon employment)

GENERAL INFORMATION

MOST POSITIONS REQUIRE YOU TO BE AT LEAST 18 YEARS OF AGE. ARE YOU AT LEAST AGE 18? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF UNDER AGE 18, CAN YOU SUPPLY WORKING PAPERS? <input type="checkbox"/> YES <input type="checkbox"/> NO
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HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OTHER THAN A MINOR TRAFFIC INFRACTION OR MISDEMEANOR? YES NO

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? YES NO
IF YES, PLEASE EXPLAIN:

EMPLOYMENT HISTORY

BEGIN WITH MOST RECENT EMPLOYMENT AND CONTINUE WITH ALL PAST EMPLOYMENT. (Attach Additional Sheet If Necessary). *You must complete fully even if you have submitted a resume.*

(1) NAME OF EMPLOYER		TELEPHONE NUMBER ()	
FULL ADDRESS (INCLUDING STREET, CITY, STATE & ZIP)		SUPERVISOR'S NAME AND TITLE	
DATES EMPLOYED FROM MONTH/DAY/YEAR TO MONTH/DAY/YEAR	JOB TITLE(S)	RATE OF PAY BEGINNING \$	FINAL \$
DESCRIBE THE WORK PERFORMED			
EXPLAIN REASON FOR LEAVING AND/OR ANY PERIOD BETWEEN JOBS			IF STILL EMPLOYED, MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
(2) NAME OF EMPLOYER		TELEPHONE NUMBER ()	
FULL ADDRESS (INCLUDING STREET, CITY, STATE & ZIP)		SUPERVISOR'S NAME AND TITLE	
DATES EMPLOYED FROM MONTH/DAY/YEAR TO MONTH/DAY/YEAR	JOB TITLE(S)	RATE OF PAY BEGINNING \$	FINAL \$
DESCRIBE THE WORK PERFORMED			
EXPLAIN REASON FOR LEAVING AND/OR ANY PERIOD BETWEEN JOBS			DATES
DESCRIBE THE WORK PERFORMED			
EXPLAIN REASON FOR LEAVING AND/OR ANY PERIOD BETWEEN JOBS			DATES

EDUCATION

EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	DID YOU GRADUATE?	DEGREE REC'D
HIGH SCHOOL			9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS/TRADE OTHER (Graduate, school)			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills or other qualifications including hobbies, which you believe, should be considered in evaluating your qualifications for employment. (Omit any organization that reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

Please indicate any prior military service that you would like considered in connection with your application for employment.

Have you completed any special courses, seminars, volunteer experience and/or training that would enable you to perform the position for which you are applying? YES [] NO [] If yes, please describe:

PERSONAL AND PROFESSIONAL REFERENCES

Give three individuals (not relatives or employers)

1	NAME	OCCUPATION BUSINESS PHONE ()
	HOME ADDRESS HOME PHONE ()	TITLE/RELATIONSHIP
	CITY AND STATE (ZIP)	HOW LONG KNOWN
2	NAME	OCCUPATION BUSINESS PHONE ()
	HOME ADDRESS HOME PHONE ()	TITLE/ RELATIONSHIP
	CITY AND STATE (ZIP)	HOW LONG KNOWN
3	NAME	OCCUPATION BUSINESS PHONE ()
	HOME ADDRESS HOME PHONE ()	TITLE/ RELATIONSHIP
	CITY AND STATE (ZIP)	HOW LONG KNOWN

NOTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

I authorize the investigation of all statements and information contained in this application including communicating with persons listed as references, former employers, and any others with whom you desire to check. I agree to hold such persons harmless with respect to any information they may give about me. In consideration of my employment, if I am employed, I agree to conform to the rules and regulations of the Museum, and I understand that my employment and compensation can be terminated, with or without notice, at any time, at the option of either the Museum or myself. I understand that no representative of the Museum, other than the Executive Director, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I understand that completion of this Application For Employment does not guarantee that I have been employed by the Museum. I hereby affirm that my answers to these statements and questions are true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any misrepresentation, deception, or false statement made in this Employment Application may result in my not being considered for employment, and if not discovered by the Museum until after my becoming employed, is grounds for, and may result in, my immediate termination.

SIGNED _____ **DATE** _____