

## Application for Employment

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.

**(Application must be completed in full even if attaching a resume.)**

Position(s) Applied For:		Salary Desired:	Date of Application:			
PERSONAL INFORMATION						
Last Name		First Name		M.I.	Social Security Number	
Present Address/Number & Street/Apt. #			City		State Zip Code	
Home Phone:		Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Referred by:		
EDUCATION						
	<u>Name of School</u>	<u>Location</u>	<u>Course of Study</u>	<u>Currently Attending</u>	<u>Years Completed</u>	<u>Degree Received</u>
	High School					
	College					
	Graduate School					
	Tech/Trade/Other					
WORK ELIGIBILITY						
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have the legal right to work in the United States? (Proof will be required at the time of employment.)					
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of, or pled guilty, no contest or nolo contendere to a crime? If yes, give details (date, place, offense(s), disposition, etc.)					
<hr/>						
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been charged with a crime and either been placed on a court-ordered probation, had adjudication withheld, or entered a pre-trial intervention program? If yes, give details (date, place, offense(s), disposition, etc.):					
<hr/>						
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been a defendant in a civil action for intentional tort(s) (e.g., assault, battery, intentional infliction of emotional distress), or an unlawful employment practice (e.g. sexual or racial harassment?) If yes, identify the alleged intentional tort(s) and/or unlawful employment practice(s), the disposition of the action, and the date of the disposition.					
<hr/>						
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any relatives employed by The Cummer Museum of Art & Gardens?					
	Name	Relationship				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you previously been employed by The Cummer Museum of Art & Gardens? If yes, please list:					
	Position:	Dates:	Reason for Leaving:			

**AVAILABILITY**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

**EMPLOYMENT HISTORY**

Begin with your current or most recent employment and continue with the last (10) years of employment. Do not exclude any employment. (attach additional sheet if necessary)

Company Name		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		HR Rep. Use Only			
Address			City/State/Zip				
Date Employed (Month and Year)		Salary		Supervisor		Phone	
From:	To:	Start:	Final:				
Title/Responsibilities							
Reason for leaving							

Company Name		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		HR Rep. Use Only			
Address			City/State/Zip				
Date Employed (Month and Year)		Salary		Supervisor		Phone	
From:	To:	Start:	Final:				
Title/Responsibilities							
Reason for leaving							

Company Name		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		HR Rep. Use Only			
Address			City/State/Zip				
Date Employed (Month and Year)		Salary		Supervisor		Phone	
From:	To:	Start:	Final:				
Title/Responsibilities							
Reason for leaving							

Company Name		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		HR Rep. Use Only			
Address			City/State/Zip				
Date Employed (Month and Year)		Salary		Supervisor		Phone	
From:	To:	Start:	Final:				
Title/Responsibilities							
Reason for leaving							

Yes     No    Did you work for any of these employers under a different name? If yes, which employer(s) and under what name(s)  
Name(s) \_\_\_\_\_

**EMPLOYMENT HISTORY (CONT'D)**

Please explain any lapse or gap in your employment history:

List any special study, research work, or other applicable skills:

**REFERENCES**

Give below the names of three persons not related to you, whom you have know at least one year

Name	Address & Phone	Business	Years Acquainted
1.			
2.			
3.			

**Applicant Acknowledgement and Authorization**  
**Please read carefully before signing**

I (Applicant – print name) \_\_\_\_\_, hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I hereby authorize The Cummer Museum of Art & Gardens or an independent contractor to investigate all statements contained in this application, to interview the references and previous employers listed in this application, and to obtain a report from a consumer reporting agency to be used for employment purposes in accordance with the Fair Credit Reporting Act. I authorize the references and previous employers listed to give the Museum all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the Museum including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or the Museum's medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a probationary period. I further understand that my employment and compensation can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my probationary period, at the option of either the Director or myself. I understand that no supervisor or other representative of the Museum other than the Director has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I realize this application will remain active for 6 months. At the conclusion of this time, if I wish to be considered for employment, I may reapply to The Cummer Museum of Art & Gardens.

It is the policy of The Cummer Museum of Art & Gardens to afford equal opportunity to all employees and applicants for employment without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected by law.

The Cummer Museum of Art & Gardens is a Drug Free Workplace.

The Cummer Museum of Art & Gardens may deduct the replacement value of property (keys, uniforms, radio, etc.) not returned by me from my final paycheck(s).

A photocopy of this signed authorization shall have the same force and effect as the original release signed by me.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_