

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us? <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Inquiry <input type="checkbox"/> Stepping Stones Website <input type="checkbox"/> Agency <input type="checkbox"/> Internet _____ Other _____	

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			E-Mail		

Best time to contact you at home is: _____AM _____PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? . . Yes No
(Proof of citizenship or immigration status will be required upon employment)

Date available for work _____

What is your desired pay range? _____

Are you available to work: Full-Time Part-Time (please circle) Mornings Afternoon Evenings Weekends

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Job Title	Supervisor	Hourly Rate/Salary	
		Starting	Final
Reason for Leaving			

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	From	To	
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	From	To	
Address			
Telephone Number(s)			
Job Title	Supervisor	Hourly Rate/Salary	
		Starting	Final
Reason for Leaving			

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Technical Skills

Summarize special job-related skills and qualifications acquired from employment or other experience.

- | | | |
|----------------------------------|---|--|
| <input type="checkbox"/> PC/MAC | <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Raiser's Edge |
| <input type="checkbox"/> Outlook | <input type="checkbox"/> PowerPoint | <input type="checkbox"/> ALTRU |
| <input type="checkbox"/> Excel | <input type="checkbox"/> VISTA | <input type="checkbox"/> Other_____ |

Please Complete

1) Why do you want to work here? _____

2) What characteristics do you like/dislike in your co – workers? _____

3) How would your current supervisor describe you? _____

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No

Professional References:

1. Name	Phone #	Company	Address
2. Name	Phone #	Company	Address
3. Name	Phone #	Company	Address

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

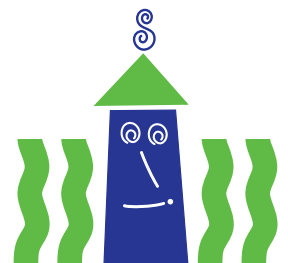
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date _____



Stepping Stones Museum for Children