

Position Desired: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**PERSONAL INFORMATION**

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have the legal right to work in the U.S.?  Yes  No  
(If offered employment, you will be required to provide documentation to verify eligibility.)

Have you previously volunteered with the Children's Museum of Southern Minnesota?  Yes  No

Please tell us why you are interested in working with the Children's Museum of Southern Minnesota?

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

High School: \_\_\_\_\_ Did you graduate:  Yes  No

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Post High School: \_\_\_\_\_ Major: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**WORK HISTORY**

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Briefly describe your job responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_ May we contact this employer?  Yes  No

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Briefly describe your job responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_ May we contact this employer?  Yes  No



Employer: \_\_\_\_\_  
 Position: \_\_\_\_\_ Dates of employment: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Briefly describe your job responsibilities: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Supervisor Email: \_\_\_\_\_ May we contact this employer? \_\_\_ Yes \_\_\_ No

Of your former employment or volunteer work, which have given you experience that would be beneficial to you in the job you are seeking at the Children’s Museum of Southern Minnesota?

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

Please list two additional references that you have known at least one year.

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

**APPLICANT AGREEMENT AND SIGNATURE**

Most positions at the Children’s Museum of Southern Minnesota require clearance on a criminal background check. If hired, CMSM may conduct a criminal background check on you.

I certify that the information above is true and complete to the best of my knowledge. I authorize my previous employers and other persons to report information related to my employment to Children’s Museum of Southern Minnesota. I understand and agree that if the information I have provided is untrue or that I have failed to disclose a material fact, any offer of employment by the Children’s Museum of Southern Minnesota may be withdrawn. If I become employed by the Children’s Museum of Southern Minnesota, I understand that my employment is “at will” and I have the right to terminate my employment at any time, for any reason, and Children’s Museum of Southern Minnesota has the right to terminate my employment at any time, for any reason, without notice.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date