



KOCH FAMILY
children's
museum
OF EVANSVILLE

For Office Use Only

Interviewed By _____

Date Interviewed _____

Application for Employment—Koch Family Children's Museum of Evansville

P.O. Box 122 Evansville, IN 47701 www.cMoekids.org

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

(Please Print)

Last Name _____ First Name _____ Middle Initial _____

Preferred Name _____ Date of Birth ____/____/____

Street Address _____ Apt./Building Number _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email Address _____

Have you applied with cMoe before? Yes No If yes, when? _____

Have you been employed with cMoe before? Yes No If yes, when? _____

Are you currently employed? Yes No May we contact your 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 will be required upon employment.

What position are you applying for? _____

On what date are you available for work? _____

Are you available to work: (check all that apply): Full Time Part Time

Year Round Seasonal

Can you travel if job requires it? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please explain _____

Conviction will not necessarily disqualify an applicant for employment.

Work Availability

Sunday_____ Monday_____ Tuesday_____ Wednesday_____

Thursday_____ Friday_____ Saturday_____

Education

	Name and location of school	Course of study	Years completed
High School			
Technical/Trade School			
Undergraduate College			
Graduate Professional			
Other (specify)			

Describe any specialized training, apprenticeships, special skills and extra curricular activities.

List any professional, trade, business, civic activities, and offices held.

You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability or another protected status.

Describe any job related training received in the United State military.

Employment Experience

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

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

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

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

How did you learn about employment with cMoe?

Magazine/Newspaper Museum's Website College/University
 Social Media Friend/Relative Other _____

Please list the names of any current cMoe employees you know:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

References

Please list three people, other than relatives, who are willing to serve as personal references.

Name _____ Organization (if applic.) _____

Address _____ Phone number _____

City/State/Zip _____

Email Address _____

Name _____ Organization (if applic.) _____

Address _____ Phone number _____

City/State/Zip _____

Email Address _____

Name _____ Organization (if applic.) _____

Address _____ Phone number _____

City/State/Zip _____

Email Address _____

Please read and sign

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that a background check will be conducted prior to any job offer. I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with The Koch Family Children's Museum of Evansville (cMoe) is of an "at will" nature, which means that I may resign at any time and cMoe may discharge me 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 a change is specifically acknowledged in writing by an authorized executive of the museum. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and

Applicant Signature _____ Applicant Printed Name _____

Date Signed ____/____/____

Disclosures

Are you at least 18 years of age? Yes No

Are you legally entitled to work in the United States? Yes No

Have you been convicted of, or entered a plea agreement relating to, a criminal offense other than a minor traffic violation? Yes No

Conviction of a crime will not necessarily disqualify an applicant from consideration.

If yes, please explain _____

Do you know of any reason that will make it difficult for cMoe, to obtain a surety bond ensuring your honesty? Yes No

If yes, please explain _____

Have you ever been discharged or asked to resign from a job? Yes No

If yes, please explain _____

Are you under contractual or other obligations to any previous employer, including but not limited to confidentiality, non-compete or other similar agreement? Yes No

If yes, please explain _____

Applicant Certification

Please read these statements before signing, as your signature will indicate that you fully understand the statements and agree to be bound by their terms:

1. **Information from third parties:** I authorize The Koch Family Children's Museum of Evansville (cMoe) to request and receive responses and information which may be obtained from sources that may include friends, neighbors, personal acquaintances, schools, business/professional/organizations/associations, credit reporting agencies, medical practitioners, law enforcement authorities and government agencies. I authorize any such parties to furnish the Company with responses and information concerning me and I hereby release the Company from any and all liability and responsibility arising from the release, request, receipt, or use of such responses and information.
2. **Pre-employment Drug Screening:** As part of cMoe's employment procedures, an applicant is required to undergo a pre-employment drug screening conducted by an authorized party designated by the Company. Any offer of employment that an applicant receives from the Company is contingent upon, among other things, satisfactory results of the screening.
3. **Truthfulness of information furnished:** I certify that information which I have furnished on this application is true and complete, and I understand that any misrepresentation or omission will be sufficient cause for not being employed or for dismissal if employed. I also understand that employment is subject to satisfactory academic and past employment records and a satisfactory credit report.
4. **Employment at the will of the Company:** I understand that if employed, my employment will be at the will of the parties, in other words, there will be no employment contract, expressed or implied, and my employment may be terminated at any time at the will of the Company or myself.
5. **Workplace investigations:** I understand that if employed, cMoe, has the right in connection with workplace investigations to search computer files, desks, lockers, handbags, briefcases, automobiles or items brought onto company premises and I consent and agree to any such searches and further agree to cooperate in any workplace investigations by cMoe.
6. **Company changes:** I understand that if employed, cMoe retains the right to change, add, modify, eliminate or otherwise revise its

Applicant Signature _____ Applicant Printed Name _____

Date Signed ____ / ____ / ____ Applicant Social Security Num. _____