



EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

Name: _____
 (Last) (First) (Middle)

Current Address: _____
 (Number and Street) (City, State, Zip Code)

Permanent Address: _____
 (Number and Street) (City, State, Zip Code)

Phone Number: Home: _____ Cell: _____

Email Address: _____

Position Applying For: _____ Available Start Date: _____

Type of Employment Desired: Full time Part time Seasonal/Temporary Target Salary Range \$ _____

- Are you 18 years of age or older? Yes No
- Are you legally authorized to work in the United States without sponsorship? Yes No *Proof of identity and legal right to work in the US will be required within 72 hours of your start date.*
- If selected for employment are you willing to submit to a background check? Yes No
- Are you currently employed? Yes No
- Do you have any commitments to another employer which might affect your employment with us? Yes No
- Have you previously applied for a position with Boston Children's Museum? Yes No
- Have you ever been employed by Boston Children's Museum? Yes No
 If yes, dates of employment: _____
- Are you related to anyone at Boston Children's Museum? Yes No
 If yes, name of relative: _____

EDUCATION

School Name	Location	Major	Number of Years Attended	Did You Graduate?	Degree Received
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Certifications, Licenses, and Specialized Skills:

VOLUNTEER & COMMUNITY ACTIVITIES (OPTIONAL)

List any volunteer or community service activities

EMPLOYMENT *Starting with your most recent employer, describe your employment experiences below; you may include volunteer or intern positions.*

Name of Employer	Date Started (Month/Year)	End Date (Month/Year)
City/State	Job Title	
Reason for Leaving	Name and Title of Manager	
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide telephone number _____		
Name of Employer	Date Started (Month/Year)	End Date (Month/Year)
Address:	Reason for Leaving:	
Reason for Leaving:	Name and Title of Manager:	
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide telephone number _____		
Name of Employer	Date Started (Month/Year)	End Date (Month/Year)
Address:	Reason for Leaving:	
Job Title:	Name and Title of Manager:	
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide telephone number _____		
Name of Employer	Date Started (Month/Year)	End Date (Month/Year)
Address:	Reason for Leaving:	
Job Title:	Name and Title of Manager:	
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide telephone number _____		

CERTIFICATION AND RELEASE

Please read the following statements carefully. This application must be signed to receive consideration for employment.

- Under Massachusetts Law it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law will be subject to criminal penalties and civil liability.
- If employed, I will provide satisfactory proof of my identity and authorization to work in the U.S in accordance with the Immigration Reform and Control Act.
- I affirm that the information provided in this application (and any resume submitted) is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in dismissal if discovered at a later date.
- I authorize Boston Children’s Museum to verify the information that I have provided in this application and to conduct such investigation into the facts surrounding my application as it may deem appropriate. I understand that employment is conditional based upon the results of references and background investigations that may be conducted through any investigative agency of the Company’s choice and may include, references concerning my background and employment history. I release all parties from any liability whatsoever resulting from such disclosure.
- I understand that if employed by Boston Children’s Museum, I will abide by its policies and practices, which may be amended at the Museum’s discretion.
- I understand that my employment is not to be construed as an employment contract. If I am offered employment, it will be as an employee-at-will and my employment with Boston Children’s Museum may be terminated at any time, with or without cause, and with or without advance notice at the option of either the Museum or by me. I also understand that no Museum representative has any authority to enter into any express or implied contract for employment for any specified period of time.

I hereby acknowledge that I have read the above statements and understand them. I certify that the information provided by me in this application is true and complete. I understand that any falsification, omission or misrepresentation made by me on this application (and accompanying resume or other documents) is grounds for refusal to hire, or if hired, termination of my employment.

Signature: _____ **Date:** _____