

FORT WORTH MUSEUM OF SCIENCE AND HISTORY

Application for Employment

The Fort Worth Museum of Science and History offers equal opportunity and equal consideration to all persons who seek employment with the Museum. No applicant will be discriminated against on the basis of race, sex, national origin, religion, age, disability, sexual orientation, marital status, veteran status, citizenship or any other characteristic protected by applicable law.

MISSION STATEMENT: Dedicated to lifelong learning and anchored by our rich collections, the Fort Worth Museum of Science and History engages our diverse community through creative, vibrant programs and exhibits interpreting science and the stories of Texas and the Southwest.

For your application to be considered, please leave no question blank and do not substitute "see resume" for any requested information.

Personal Information

Full Name _____

Street Address _____ Apt. _____

City _____ State _____ Zip _____

Resided here for _____ years. Previous permanent address (if less than 3 years at current address)

Telephone Number _____ Alternate Contact Number _____

Please list the Museum position(s) for which you wish to be considered: _____

The Museum is open to the public seven days a week, including most holidays. Some work schedules include evenings and weekends. What days and hours are you available for work?

Sat	Sun	Mon	Tues	Wed	Thurs	Fri

Type of position for which you are applying? Full-time Part-time If a full-time position is not available, do you wish to be considered for a part-time position? No Yes

Have you previously applied for employment with the Museum? No Yes When? _____

Have you previously been employed by the Museum? No Yes If yes, when and in what capacity? _____

Are you over 18 years of age? No Yes

Are you legally authorized for employment in the United States? No Yes

How soon would you be available to begin employment? _____

How did you hear about the position you are applying for? _____

Have you ever been convicted of, been found responsible for, pleaded guilty to or entered a plea of no contest or nolo contendere to a felony of any kind? No Yes

Have you ever been the subject of any formal or informal complaint by any prior employer? No Yes

Have you ever been convicted of, been found responsible for, pleaded guilty to or entered a plea of no contest or nolo contendere to a misdemeanor involving any act of violence, threat of violence or theft? No Yes

If yes to any of the above, describe in full:

DATE: _____ SIGNATURE: _____

Employment History

List accurate full and part-time employment record, beginning with the most recent employer. A resume may accompany, **but does not replace this section.** Do not state "see resume."

LATEST EMPLOYER

Employer Name:	Telephone Number:
Address:	Employed (state month and year) From: To:
Name and Title of Supervisor:	Hourly Rate/Salary Beginning: Final:
Your Job Title and Description of Your Work:	Reason for Leaving:

OTHER EMPLOYER

Employer Name:	Telephone Number:
Address:	Employed (state month and year) From: To:
Name and Title of Supervisor:	Hourly Rate/Salary Beginning: Final:
Your Job Title and Description of Your Work:	Reason for Leaving:

OTHER EMPLOYER

Employer Name:	Telephone Number:
Address:	Employed (state month and year) From: To:
Name and Title of Supervisor:	Hourly Rate/Salary Beginning: Final:
Your Job Title and Description of Your Work:	Reason for Leaving:

OTHER EMPLOYER

Employer Name:	Telephone Number:
Address:	Employed (state month and year) From: To:
Name and Title of Supervisor:	Hourly Rate/Salary Beginning: Final:
Your Job Title and Description of Your Work:	Reason for Leaving:

Education

	School Name and Location	Graduated		Major Subject	GPA	Degree Earned
		Yes	No			
High School						
College						
Tech/Voc						
Other						

Special Skills

MILITARY SERVICE

Have you served in the U.S. Armed Forces?

No Yes

If yes, in which branch? _____

Were you honorably discharged? _____

Describe any military training or experience you received relevant to the position(s) for which you are applying (use back of form if necessary):

COMPUTER SKILLS

Proficiency in MS Word:

- Beginner
 Intermediate
 Advanced

Proficiency in Excel:

- Beginner
 Intermediate
 Advanced

Other relevant hardware or software skills:

MONEY HANDLING/POINT OF SALE SOFTWARE

Do you have experience in money handling and/or point-of-sale software? No Yes

ACTIVITIES

List activities and/or leisure time pursuits and special interests relevant to the job for which you are applying:

References

The Museum will call your past supervisors for professional employment references and/or employment verification. List your four (4) most recent supervisors or persons familiar with your work experience:

Name	Company	Telephone Number	Best time to call

If there are any employers whom you DO NOT want us to contact, list them here and explain why we should not call:

In some circumstances, the Museum may call personal references. List three (3) below:

Name	Relationship	Telephone Number	Best time to call

Additional Information

Please note any additional information helpful in describing your full qualifications:

Business Office Use Only

Position	Interviewer	Date
Position	Interviewer	Date
Position	Interviewer	Date
Position	Interviewer	Date



FORT WORTH MUSEUM
SCIENCE AND HISTORY

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