

EMPLOYMENT APPLICATION

Arizona-Sonora Desert Museum
 2021 N. Kinney Road
 Tucson, Arizona 85743
 Business Phone: 520-883-1380
 Fax: 520-883-2500

PERSONAL INFORMATION			Social Security Number	Office Use Only:
LAST NAME:	FIRST NAME:	MIDDLE:		
Mailing Address:			Home Phone	
City:	State	Zip:	Cell Phone	E-mail Address
JOB INTEREST			Are you over the age of 18 years? _____ (If no, you may be required to provide authorization to work.)	
Position(s) Applied For:		Available For:	Have you ever been a volunteer or worked at the Museum before? _____ If yes, when? _____ Position _____	
1. <input style="width: 100%;" type="text"/>		Full-Time <input type="checkbox"/>	List names of any relatives now working for the Museum. _____	
2. <input style="width: 100%;" type="text"/>		Part-Time <input type="checkbox"/>		
3. <input style="width: 100%;" type="text"/>		Call-In (Scheduled/Irregular Hours) <input type="checkbox"/>		
		Summer Only <input type="checkbox"/>		
		Winter Only <input type="checkbox"/>		
The MUSEUM is open seven days a week, including all holidays. Indicate days you are available for work: M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/>			Are you legally eligible to be employed in the United States? _____ (Proof of identify and eligibility will be required upon employment.)	
EMPLOYMENT HISTORY Start with present or most recent employer				
Employer: _____	Dates of Employment	Position and Responsibilities: _____		
Address: _____	From: _____	Reason for Leaving: _____		
Telephone Number(s): _____	To: _____	Starting Pay Rate: _____	Final Pay Rate: _____	
Supervisor: _____	Hours worked per week:			
Employer: _____	Dates of Employment	Position and Responsibilities: _____		
Address: _____	From: _____	Reason for Leaving: _____		
Telephone Number(s): _____	To: _____	Starting Pay Rate: _____	Final Pay Rate: _____	
Supervisor: _____	Hours worked per week:			
Employer: _____	Dates of Employment	Position and Responsibilities: _____		
Address: _____	From: _____	Reason for Leaving: _____		
Telephone Number(s): _____	To: _____	Starting Pay Rate: _____	Final Pay Rate: _____	
Supervisor: _____	Hours worked per week:			
May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>				

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

VOLUNTEER EXPERIENCE		
Please list organizations and/or programs in which you have or are currently participating and describe your role(s).		
Organization/Program	Your Role	Dates (From --To)

ADDITIONAL INFORMATION Summarize job-related skills and qualifications which you possess and feel that are relevant to the position for which you are applying.

Because public transportation is not available to the Museum, do you have adequate transportation available so that you can get to work on time every day that you are scheduled to work?

YES NO

Have you ever been CONVICTED OF A CRIME? Exclude traffic violations other than DUI. A conviction record does not necessarily disqualify you from employment. Any relationship between the job you are seeking and the offense will be taken into account with other relevant factors. If YES, PLEASE EXPLAIN

YES NO

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

I further understand that the Museum requires drug screening as part of the hiring process and that the Museum will revoke a job offer to any applicant who tests positive.

Please list at least three **professional references**. Include name, address, telephone number and occupation.

SIGNATURE: _____ **DATE** _____