



Human Resources

Museum of Science

1 Science Park
Boston, MA 02114-1099

Confidential Application for Internship

Fax 617-589-0362
mos.org

Internship Coordinator 617-589-0314
An Equal Opportunity Employer. M/F/D/V.

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, disability, sexual orientation, gender identification, marital or veteran status, ancestry, genetic information, military service, and any other category protected under applicable federal, state, or local law. The Museum of Science does not discriminate, on the basis of disability, against any individual who chooses to participate in any programs, service, venue, or activity.

Please print clearly and complete all sections.

Date Email Address

Name First Middle Last

Current Address Number Street Apartment
City State Zip

Current Telephone (cell)

Permanent Address Number Street Apartment
City State Zip

School/College Year
City State Country

Please list the intership(s) for which you are applying.

Internship Title

Table with 2 columns: Days Available, Times Available. Rows for Monday through Sunday.

Is this internship for academic credit? If so, how many hours are needed to fulfill your internship requirements?

How were you referred to the Museum of Science?

- Museum of Science website
Other website
School/Career Services (specify school)
Current Museum staff, intern, or volunteer
Other (please specify)

Yes **No**

- Have you ever applied to a position at the Museum?
If yes, state when and for what position. _____
- Have you ever worked for the Museum?
If yes, state what position held, type of employment (regular, summer/seasonal, temporary, intern, other) and dates of employment. _____
- Do you have any relatives employed by the Museum?
If yes, name(s) of relative(s) _____
- Upon request, can you furnish proof of United States citizenship or eligibility to work in the United States?
- If hired and under 18 years of age, can you furnish a work permit?

Education

High School

_____ Name _____ Address _____
Number of years attended _____ Did you graduate? Yes No

Vocational & Trade School

_____ Name _____ Address _____
Number of years attended _____ Did you graduate? Yes No Degree received _____

College

_____ Name _____ Address _____
Number of years attended _____ Did you graduate? Yes No Degree received _____

Graduate School

_____ Name _____ Address _____
Number of years attended _____ Did you graduate? Yes No Degree received _____

Other

_____ Name _____ Address _____
Number of years attended _____ Did you graduate? Yes No Degree received _____

Military Service

Total months of active duty _____ Branch of US military service _____ Last rank or grade _____

Duties, special skills, courses _____ Reserve status _____

Skills

Computer skills _____

Professional References

_____ Name _____ Company name _____ Address _____ Telephone _____

_____ Years acquainted _____ How known? _____

_____ Name _____ Company name _____ Address _____ Telephone _____

_____ Years acquainted _____ How known? _____

_____ Name _____ Company name _____ Address _____ Telephone _____

_____ Years acquainted _____ How known? _____

Employment History

List all employment including self-employment, internships, summer, part-time, and volunteer work.

Begin with your most recent employment.

Name of employer _____	Your title _____	Dates
Address _____	Responsibilities _____	From
_____	_____	____ Mo. ____ Yr.
Supervisor's name _____	_____	To
Telephone () _____	_____	____ Mo. ____ Yr.
_____	Reason for leaving _____	<input type="checkbox"/> Full-time
_____	_____	<input type="checkbox"/> Part-time
_____	_____	<input type="checkbox"/> Volunteer

Name of employer _____	Your title _____	Dates
Address _____	Responsibilities _____	From
_____	_____	____ Mo. ____ Yr.
Supervisor's name _____	_____	To
Telephone () _____	_____	____ Mo. ____ Yr.
_____	Reason for leaving _____	<input type="checkbox"/> Full-time
_____	_____	<input type="checkbox"/> Part-time
_____	_____	<input type="checkbox"/> Volunteer

Name of employer _____	Your title _____	Dates
Address _____	Responsibilities _____	From
_____	_____	____ Mo. ____ Yr.
Supervisor's name _____	_____	To
Telephone () _____	_____	____ Mo. ____ Yr.
_____	Reason for leaving _____	<input type="checkbox"/> Full-time
_____	_____	<input type="checkbox"/> Part-time
_____	_____	<input type="checkbox"/> Volunteer

Name of employer _____	Your title _____	Dates
Address _____	Responsibilities _____	From
_____	_____	____ Mo. ____ Yr.
Supervisor's name _____	_____	To
Telephone () _____	_____	____ Mo. ____ Yr.
_____	Reason for leaving _____	<input type="checkbox"/> Full-time
_____	_____	<input type="checkbox"/> Part-time
_____	_____	<input type="checkbox"/> Volunteer

Please account for any gaps in your employment history.

Have you ever been discharged from employment, suspended, or asked to resign?

Yes No If yes, please explain. _____

Miscellaneous

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 shall be subject to criminal penalties and civil liabilities.

If you accept employment with the Museum, federal law requires you to produce documents establishing your identity and work authorization. The Museum cannot legally hire you if you do not produce such verification.

Applicant Certification

Please read carefully before signing. If you have questions, please direct them to an employment representative.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if I become employed by the Museum, falsified statements or omissions on this application shall be grounds for immediate dismissal.

I authorize investigation of all statements and/or omissions contained herein and the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing information to you.

I understand that I may be required to sign a confidentiality and/or business ethics agreement in connection with any employment with the Museum.

I understand that if I become employed by the Museum, I will be an at-will employee. Accordingly, the employment relationship may be terminated, with or without cause, and with or without notice, at any time, at the option of either the Museum or myself. I further understand that no supervisor or manager or representative of the Museum has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

This application will be given due consideration, but I understand that its submission does not imply that I will be offered employment. I also understand that any offer of employment by the Museum of Science must be extended in writing to be considered valid.

My signature certifies that I have read and agree with the above statements.

Signature _____ Date _____

Check if resume is included.

Voluntary Self-Identification Form

To All Applicants

The Museum of Science has adopted a Diversity Initiative with regard to employment opportunities for qualified individuals. Please assist us in implementing this initiative by providing the information requested below.

Providing this information is voluntary and providing or refusing to provide it will not subject you to any adverse treatment. The information you provide will only be used for equal employment/affirmative action record-keeping and reporting required by law. The information you provide is also confidential.

Name _____

Position(s) applied for _____

How were you referred to us? _____

Please check one: Female Male

Please check one. If you belong to more than one group, select the one most appropriate (see federal government definitions below):

- White (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- American Indian or Alaskan Native (not Hispanic or Latino)
- Two or more races (not Hispanic or Latino)

Signature _____ Date _____

Thank you for your cooperation.

Federal Government Definitions

White (not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Native Hawaiian or other Pacific Islander (not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaskan Native (not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), who maintain tribal affiliation or community attachment.

Two or more races (not Hispanic or Latino): All persons who identify with more than one of the above six races.