

PORTLAND MUSEUM OF ART

APPLICATION FOR EMPLOYMENT

THE PORTLAND MUSEUM OF ART PROVIDES EQUAL OPPORTUNITY IN EMPLOYMENT.

PERSONAL INFORMATION

TODAY'S DATE _____

NAME

LAST

FIRST

MIDDLE

PRESENT ADDRESS

STREET

CITY

STATE

ZIP

PERMANENT ADDRESS

STREET

CITY

STATE

ZIP

EMAIL ADDRESS

PHONE NO.

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES?

Yes

No

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION?

Yes

No

IF YES, PLEASE LIST DATE AND TYPE OF OFFENSE(S). CHECKING "YES" MAY NOT NECESSARILY PRECLUDE EMPLOYMENT.

EMPLOYMENT DESIRED

POSITION

DATE YOU
CAN START

SALARY
DESIRED

ARE YOU EMPLOYED NOW?

Yes

No

IF YES, MAY WE CONTACT YOUR
PRESENT EMPLOYER?

Yes

No

HAVE YOU EVER APPLIED TO OR BEEN EMPLOYED BY THE PORTLAND MUSEUM OF ART BEFORE?

Yes

No

IF YES, PROVIDE DETAILS:

ARE YOU A FAMILY OR HOUSEHOLD MEMBER OF ANY CURRENT MUSEUM EMPLOYEE OR TRUSTEE?

Yes

No

IF YES, PROVIDE DETAILS:

HOW DID YOU HEAR ABOUT THIS JOB?

EDUCATION	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

NAME

LAST

FIRST

MIDDLE

EMPLOYMENT HISTORY (LIST BELOW LAST FOUR EMPLOYERS STARTING WITH CURRENT OR MOST RECENT EMPLOYER)

EMPLOYER 1 (MOST RECENT) NAME AND ADDRESS OF EMPLOYER:	DATES EMPLOYED	POSITION:	SALARY:
	FROM: / MONTH / YEAR	SUPERVISOR'S NAME:	
	TO: / MONTH / YEAR	REASON FOR LEAVING:	
EMPLOYER 2 NAME AND ADDRESS OF EMPLOYER:	DATES EMPLOYED	POSITION:	SALARY:
	FROM: / MONTH / YEAR	SUPERVISOR'S NAME:	
	TO: / MONTH / YEAR	REASON FOR LEAVING:	
EMPLOYER 3 NAME AND ADDRESS OF EMPLOYER:	DATES EMPLOYED	POSITION:	SALARY:
	FROM: / MONTH / YEAR	SUPERVISOR'S NAME:	
	TO: / MONTH / YEAR	REASON FOR LEAVING:	
EMPLOYER 4 NAME AND ADDRESS OF EMPLOYER:	DATES EMPLOYED	POSITION:	SALARY:
	FROM: / MONTH / YEAR	SUPERVISOR'S NAME:	
	TO: / MONTH / YEAR	REASON FOR LEAVING:	

WHICH OF THESE JOBS DID YOU LIKE BEST?
 WHAT DID YOU LIKE MOST ABOUT THIS JOB?

WHICH OF THESE JOBS DID YOU LIKE LEAST?
 WHY?

REFERENCES (GIVE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	YEARS ACQUAINTED	PHONE	ADDRESS	BUSINESS

CERTIFICATION AND RELEASE

I CERTIFY THAT THE INFORMATION CONTAINED ON THIS APPLICATION AND OTHER INFORMATION THAT I SUBMIT IS TRUE AND COMPLETE. I UNDERSTAND THAT, IF EMPLOYED, ANY UNTRUE OR INCOMPLETE INFORMATION ON THIS APPLICATION AND OTHER INFORMATION THAT I SUBMIT SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION ON ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES ABOVE 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 SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS 'AT WILL' AND MAY BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE.

SIGNATURE OF APPLICANT

DATE