



Children's Hands-On Museum  
of Tuscaloosa

**APPLICATION for EMPLOYMENT**

Application must be typed or printed clearly and submitted online or by email. All blanks must be completed. If information is not applicable, indicate by entering N/A. Resumes and cover letters may be attached; they will not substitute for completion of the application.

Children's Hands-On Museum of Tuscaloosa is an Equal Opportunity Employer and Drug Free Workplace. If offered employment a background check will be required.

**PERSONAL INFORMATION** (incomplete information may disqualify you from consideration)

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

Are you eligible to work in the U. S.? Yes \_\_\_ No \_\_\_ Social Security No. \_\_\_\_\_

Are you at least 18 years of age? Yes \_\_\_ No \_\_\_ (If no, you may be required to provide authorization to work.)

Are you able to work flexible hours or overtime, including after hours and weekends if necessary?  
Yes \_\_\_ No \_\_\_

Are you able to perform the essential functions of the position for which you are applying, with or without a reasonable accommodation? Yes \_\_\_ No \_\_\_

Are you able to stand for extended periods, bend and safely lift 30—50 pounds?  
Yes \_\_\_ No \_\_\_

**Have you ever worked for the Museum before?** \_\_\_ Yes \_\_\_ No

If yes, what position? \_\_\_\_\_

If yes, what dates? \_\_\_\_\_

**EMPLOYMENT DESIRED**

Date you can start \_\_\_\_\_ Position desired \_\_\_\_\_

Are you currently employed? Yes \_\_\_ No \_\_\_

If so, may we contact your present employer? Yes \_\_\_ No \_\_\_

Do you know anyone who works with CHOM? Yes \_\_\_ No \_\_\_ If yes, who? \_\_\_\_\_

Part of your job duties may require travel in a car or van.

Driver's License Number, State and Expiration:

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Have you ever had your license suspended or revoked? Yes \_\_\_\_ No \_\_\_\_

Have you ever been terminated from or asked to resign from a position? If so, when and why?

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What is your computer literacy level? What programs can you use?

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Do you have any special skills, experience and/or training that would enhance your ability to perform in the position for which you are applying? If yes, please explain:

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Do you speak any foreign languages? If yes, please describe.

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Have you completed any special courses, seminars, volunteer experience and/or training that would enhance your ability to perform in the position for which you are applying? If yes, please describe:

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Please check off any additional skills you feel would enhance your performance in the Museum:

- |  |   |
|--|---|
| <input type="checkbox"/> Science                 | <input type="checkbox"/> Storytelling             |
| <input type="checkbox"/> Theatre                 | <input type="checkbox"/> Dance                    |
| <input type="checkbox"/> Visual Arts             | <input type="checkbox"/> Carpentry                |
| <input type="checkbox"/> Crafts                  | <input type="checkbox"/> Reading / Interpretation |
| <input type="checkbox"/> Vocal Music             | <input type="checkbox"/> C.P.R. / First Aid       |
| <input type="checkbox"/> Instrumental Music      | <input type="checkbox"/> Journalism, Writing      |
| <input type="checkbox"/> Marketing / PR          | <input type="checkbox"/> Technology               |
| <input type="checkbox"/> Other (please describe) |   |

**EMPLOYMENT HISTORY**

Begin with your most recent employment and continue with past employment. (Attach additional sheet if needed.) Note: complete fully even if you have provided a resume.

<b>FROM</b>	<b>TO</b>	<b>EMPLOYER NAME</b>	<b>TELEPHONE</b>
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	
<b>FROM</b>	<b>TO</b>	<b>EMPLOYER</b>	<b>TELEPHONE</b>
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	
<b>FROM</b>	<b>TO</b>	<b>EMPLOYER</b>	<b>TELEPHONE</b>
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	
<b>FROM</b>	<b>TO</b>	<b>EMPLOYER NAME</b>	<b>TELEPHONE</b>
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	
<b>FROM</b>	<b>TO</b>	<b>EMPLOYER</b>	<b>TELEPHONE</b>
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	

## EDUCATION

EDUCATION	NAME and LOCATION of SCHOOL	YEARS ATTENDED	DEGREE RECEIVED	MAJOR
High School				
College or University				
College or University				

## PROFESSIONAL REFERENCES

Give the names of three persons not related to you. If you worked for/with this person please note.

NAME	PHONE & EMAIL	COMPANY	YEARS ACQUAINTED

Children's Hands-On Museum (CHOM) does not discriminate on the basis of race, color, religion, national origin, citizenship status, ancestry, age, gender, sexual orientation, marital status, or any other reason prohibited by state and federal law.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes an obligation for CHOM to hire me. If I am hired, I understand that either CHOM or I can terminate my employment at any time and for any reason, with or without cause or prior notice.

I understand that no representative of CHOM has the authority to make any assurance to the contrary.

I hereby certify, with my signature below, that I have given CHOM true and complete information on this application and all attachments. No requested information has been concealed or falsified. I authorize CHOM to verify information by contacting references and conducting a background check. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for disqualification or the employment application, denial of employment, or immediate dismissal. I verify everything in this Application is true and correct. **I understand that any attempt to falsify or mislead, whenever discovered, will be grounds for immediate termination or withdrawal of an offer of employment with CHOM.**

Date \_\_\_\_\_ Signature \_\_\_\_\_