Superior Public Museums EMPLOYMENT APPLICATION

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Name (Last, Fir	st, Middle):	Application D	Application Date:		
Present Address	s (Street, City, State, Zip):	Date of Birth	Date of Birth:		
Permanent Add	ress (Street, City, State, Zip):		Related to current employee? YesNo		
Email:	_		Name of Employee:		
Phone Number(s):	Refereed By:	Refereed By:		
EMPLOYM	IENT DESIRED				
Position Desired	d & Why:	Location (check all that a	Location (check all that apply):		
		Fairlawn Mansion			
		CC Mataria			
		SS <i>Meteor</i>			
		Old Firehouse & Pol	ice Museum		
Currently emplo	oyed? YesNo		ice Museum		
If yes, where?		Old Firehouse & Pol			
If yes, where?	applied with Superior Public M	Old Firehouse & Pol May we contact them? YesNo			
If yes, where? Have you ever EDUCATIO	applied with Superior Public M	Old Firehouse & Pol May we contact them? YesNo	tart Date:		
If yes, where? Have you ever EDUCATIO	applied with Superior Public M	Old Firehouse & Pol May we contact them? YesNo Desired Si Graduated? Major Subj	tart Date:		
If yes, where? Have you ever EDUCATION High School	applied with Superior Public M ON Name & Location:	Old Firehouse & Pol May we contact them? YesNo Desired Si Graduated? Major Subj Yes No	tart Date:		
If yes, where? Have you ever EDUCATION High School College/	applied with Superior Public M ON Name & Location:	Old Firehouse & Pol May we contact them? YesNo Desired Si Graduated? Major Subj Yes No Graduated? Major Subj	tart Date: ect:		

	FORMATION (please list n	
Employer:		To:
Address:		From:
Phone:		Wage:
Supervisor:		Reason for Leaving:
Description of Duties:		
		May we contact?YesNo
Employer:		To:
Address:		From:
Phone:		Wage:
Supervisor:		Reason for Leaving:
Description of Duties:		
		May we contact?YesNo
Employer:		To:
Address:		From:
Phone:		Wage:
Supervisor:		Reason for Leaving:
Description of Duties:		
		May we contact?YesNo
Employer:		To:
Address:		From:
Phone:		Wage:
Supervisor:		Reason for Leaving:
Description of Duties:		
		May we contact?YesNo
REFERENCES (plea	ase list those persons not related	d to you, whom you have known for at least one year
Name:	Phone:	Business/Organization: Years Known:
	Email:	
Name:	Phone:	Business/Organization: Years Known:
	Email:	
Name:	Phone:	Business/Organization: Years Known:

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, at the discretion of the employer, be terminated at any time without any pervious notice.

Email:

Applicant's Signature: _____ Date: _____