

# SHELburnE MUSEUM

5555 Shelburne Road  
P.O. Box 10  
Shelburne, VT 05482

## EMPLOYMENT APPLICATION

Shelburne Museum is an Equal Opportunity Employer. Discrimination based on age, sex, race, color, creed, national origin, disabling condition, or any other nonmerit factor is prohibited.

THIS APPLICATION FORM MUST BE USED TO APPLY FOR JOBS WITH SHELburnE MUSEUM. Resumes are encouraged, but only for additional information. All sections of the application must be completed whether or not a resume is attached. Please do not refer to your resume.

Name (Last, First, MI) \_\_\_\_\_

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

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_

Business Telephone \_\_\_\_\_

e-mail \_\_\_\_\_

YES NO

\_\_\_\_\_ Are you 18 years of age or older?

\_\_\_\_\_ Are you authorized to work in the United States?

The Federal Immigration Reform and Control Act of 1986 requires individuals to provide, to an employer, documented proof that they are authorized to work in the United States if hired.

\_\_\_\_\_ In the past ten years have you been convicted, imprisoned, been on probation, parole or under supervision as a result of a conviction, or been fined for any violation of any law including motor vehicle violations? If "YES" give dates, details and penalties for each occurrence on an attached sheet of paper. An answer of "YES" to this question does not constitute an automatic bar to employment.

\_\_\_\_\_ Have you been employed by Shelburne Museum before? If "YES" indicate previous names used if different from above, position held, and dates employed:

### AVAILABILITY

Check the kinds of employment acceptable to you:  
(Circle at least one type, schedule and shift; check all that apply)

Type	Schedule	Shift
Regular	Full time	Day Shift
Seasonal	Part time	Evening Shift
Temporary	Either	Night Shift
		Any Shift

Minimum hourly wage or annual salary acceptable: \$ \_\_\_\_\_  
(will not affect eligibility for positions)

What position are you applying for?

Where did you hear about this position?

What date are you available to begin work?

If applying for a position that requires driving, do you have the appropriate license? \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_  
n/a

If applying for a position that requires driving, have you been ticketed for a moving violation in the last three years?  
\_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ n/a If yes, please explain:

**EDUCATION AND FORMAL TRAINING**

Do you have a High School diploma or A GED certificate? \_\_\_\_\_ yes \_\_\_\_\_ no. If no, highest grade completed: \_\_\_\_\_

**COLLEGE, NURSING, MILITARY, TRADE BUSINESS OR OTHER SCHOOLS ATTENDED**

Name and Address	Major Course of Study	Dates Attended	Graduated Yes/No	Degree earned and Year

List professional licenses, registration or certification

Name of Licensing Agency	Type of License	Date of Issue	Expiration Date

Please describe other special training or skills (languages, machine operation, etc.)

Please list Memberships in Professional or Civic Organizations (exclude those which may disclose your race, color, religion or national origin).

You may have been given a written job description that includes the essential job functions of the position for which you have applied. Are you able to perform each of the essential job functions listed for the position with or without accommodation? \_\_\_\_\_ yes \_\_\_\_\_ no

## WORK EXPERIENCE

Beginning with your PRESENT OR MOST RECENT employment or volunteer experience and working backward, list your work experience. Include unpaid or volunteer work, if applicable. Clearly describe the work (duties) you personally performed. If additional space will be required please make a copy of this page and attach it. You MUST fill out this section completely even if a resume is being attached. Information you provide on this application is subject to verification.

<b>1</b>	Job Title	Employer		Kind of Business		
Address				Supervisor's Name and Telephone		
Total Time in this position Years      Months		From (month, year)	To (month, year)	Average hours Worked per week	Starting wage \$	Ending wage \$
Which of the following were part of your responsibilities? (check all that apply) <input type="checkbox"/> Personnel supervision <input type="checkbox"/> budget administration <input type="checkbox"/> project management						
Indicate number of employees and job types supervised:						
Duties: (be specific)						
Reason for leaving:						

If this is your present employer, may we contact for a reference at this time? \_\_\_\_\_ If not, when? \_\_\_\_\_

<b>2</b>	Job Title	Employer		Kind of Business		
Address				Supervisor's Name and Telephone		
Total Time in this position Years      Months		From (month, year)	To (month, year)	Average hours Worked per week	Starting wage \$	Ending wage \$
Which of the following were part of your responsibilities? (check all that apply) <input type="checkbox"/> Personnel supervision <input type="checkbox"/> budget administration <input type="checkbox"/> project management						
Indicate number of employees and job types supervised:						
Duties: (be specific)						
Reason for leaving:						

<b>3</b>	Job Title	Employer		Kind of Business		
Address				Supervisor's Name and Telephone		
Total Time in this position Years      Months		From (month, year)	To (month, year)	Average hours Worked per week	Starting wage \$	Ending wage \$
Which of the following were part of your responsibilities? (check all that apply) <input type="checkbox"/> Personnel supervision <input type="checkbox"/> budget administration <input type="checkbox"/> project management						
Indicate number of employees and job types supervised:						
Duties: (be specific)						
Reason for leaving:						

## APPLICANT'S ACKNOWLEDGEMENT

I certify that answers given in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

In the event that I am employed, I understand that any false or misleading information I knowingly provided in my application or interview(s) may result in discharge and/or legal action. I understand also that if employed, I am required to abide by all the rules and regulations of Shelburne Museum and any special agreements reached by Shelburne Museum and me.

I understand that this application shall be considered active for no more than six months. After that time, I may resubmit a completed application.

I understand that neither this document nor any offer of employment constitutes an employment contract unless a specific document is executed by the employer and me.

I understand that unless a specific document is executed in writing by Shelburne Museum and me, all employment here is At-Will. Just as I may resign for any reason, Shelburne Museum may terminate my employment for any reason.

Signature \_\_\_\_\_

Date \_\_\_\_\_

For Office Use Only:

Date received: \_\_\_\_\_ By: \_\_\_\_\_