



Children's Museum of La Crosse
 207 5th Ave. S.
 La Crosse, WI 54601
 (608) 784-2652

APPLICATION FOR EMPLOYMENT

Either print and complete in pen OR download, fill in fields on your device, save as a new file with your name, attach completed form and **email to andrea@funmuseum.org**.

Applicants are considered for all positions without regard to race, creed, color, ethnic or national origin, sex, age, sexual preference, marital or parenthood status, physical characteristics, the presence of non-job related medical condition or disability, economic status, or any other legally protected status.

Date of application: _____

Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____ Best time of day to reach you: _____

Have you applied at the Children's Museum before? Yes No If yes, when? _____

Are you prevented from legally becoming employed in this country because of Visa/Immigration Status? Yes No

On what date would you be available to begin work? _____

Check all that you would be available to work:

Weekdays. Any time limitations? _____

Weeknights. Any time limitations? _____

Weekends. Any time limitations? _____

Are you a veteran of the U.S. military service? Yes No

Are you related to anyone on the Children's Museum of La Crosse staff or its Board of Directors (list is available at www.funmuseum.org or upon request)? Yes No If yes, who? _____ Relationship? _____

EDUCATION

Current/Fall School Name: _____ City: _____ State: _____

Years Completed: _____ Diploma/Degree earned: _____

Describe any specialized training, skills, volunteer, or extracurricular activities: _____

EMPLOYMENT EXPERIENCE

Start with your current or last job (including military service assignment, if applicable):

Employer Name: _____	Start date: _____	End date: _____
Address: _____	City: _____	State: _____ Zip: _____
Job Title: _____	Supervisor Name: _____	
Summarize Work Performance & Job Responsibilities: _____		
Reason for leaving (if applicable): _____		
May we contact your former supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer Name: _____	Start date: _____	End date: _____
Address: _____	City: _____	State: _____ Zip: _____
Job Title: _____	Supervisor Name: _____	
Summarize Work Performance & Job Responsibilities: _____		
Reason for leaving (if applicable): _____		
May we contact your former supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SPECIAL SKILLS & QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience or any other information you feel might be helpful to us in considering your application: _____

REFERENCES

- 1. Name: _____ City, State, Zip: _____ Phone: _____
- 2. Name: _____ City, State, Zip: _____ Phone: _____

APPLICANT'S STATEMENT

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign anytime, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurance to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

The Children's Museum of La Crosse is an equal opportunity employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

Signature of applicant: _____ Date: _____