



Employment Application

Children's Museum of Acadiana
201 East Congress • Lafayette, LA, 70501 • (337) 232-8500

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email: _____

Are you 18 years of age or older? _____ Yes _____ No

Have you ever applied to, or worked for the Children's Museum of Acadiana? _____ Yes _____ No

If yes, when? _____

Do you have any friends or relatives working for the Children's Museum of Acadiana? _____ Yes _____ No

If yes, please state name & relationship. _____

Have you ever been convicted of a criminal offense (felony or misdemeanor)? _____ Yes _____ No

If yes, please state the nature of the crime(s), when and where convicted, and the disposition of the case.

Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

EMPLOYMENT POSITION INFORMATION

Position Applying For: _____ Desired Pay: _____

How many hours per week would you like to work? _____

Availability:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:						
To:						

If hired, when will you be able to start working? _____

Do you have reliable transportation to and from work? _____ Yes _____ No

Are you legally eligible for employment in the United States? _____ Yes _____ No

Please list below any special skills, trainings, and qualifications you possess for the position for which you are applying.

EDUCAION INFORMATION**High School**

Name	Location (City, State)	Years	Did You Graduate? _____ Yes _____ No	Degree/Diploma Earned

College

Name	Location (City, State)	Years	Did You Graduate? _____ Yes _____ No	Degree/Diploma Earned

Graduate School

Name	Location (City, State)	Years	Did You Graduate? _____ Yes _____ No	Degree/Diploma Earned

Vocational School/Special Training

Name	Location (City, State)	Years	Did You Graduate? _____ Yes _____ No	Degree/Diploma Earned

PREVIOUS EMPLOYMENT

Begin with your most recent employer.

Company Name:	Telephone:
Address:	Name of Supervisor:
Job Title & Brief Description:	Employed from ____/____/____ to ____/____/____ (month and year)
Reason for Leaving:	May We Contact? If no, please state reason. _____ Yes _____ No

Company Name:	Telephone:
Address:	Name of Supervisor:
Job Title & Brief Description:	Employed from ____/____/____ to ____/____/____ (month and year)
Reason for Leaving:	May We Contact? If no, please state reason. _____ Yes _____ No

Company Name:	Telephone:
Address:	Name of Supervisor:
Job Title & Brief Description:	Employed from ____/____/____ to ____/____/____ (month and year)
Reason for Leaving:	May We Contact? If no, please state reason. _____ Yes _____ No

REFERENCES

Please provide three professional or personal references.

Name	Phone Number	Title/Position/Relation to Applicant	Years Acquainted

EMPLOYMENT INFORMATION

Children’s Museum of Acadiana is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a museum representative.

AT WILL EMPLOYMENT: The relationship between you and the Children’s Museum of Acadiana is referred to as “employment at will.” This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Children’s Museum of Acadiana. No representative of Children’s Museum of Acadiana has authority to enter into any agreement contrary to the foregoing “employment at will” relationship. You understand that your employment is “at will,” and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and our Executive Director.

Applicant Signature: _____ Date: _____