



Employment Application

Please print all information requested. Please complete pages 1-5.

Name:	_____	_____	_____	_____
	Last	First	Middle	Maiden
Present Address:	_____			
	Street	City	State	Zip
Permanent Address:	_____			
	Street	City	State	Zip
Telephone:	HOME: ()		Date of Birth:	
			(Must be 18 years or older)	
	CELL: ()		Email:	

Schedule Availability

It is very important that we know the hours that you will be available to work. If applying for the Tour Guide position, you are expected to have some weekdays when you are available during the morning and/or afternoon hours. The Museum's normal hours of operation are 9:30 a.m. to 3:30 p.m. Monday through Friday, and 10:00 a.m. to 4:00 p.m. However, special events sometime necessitate staff members arriving early for setup and/or breakdown after events.

*PLEASE NOTE: July 4th is a required work day for ALL staff.

Position Applying For: _____	Date you can start: _____
Desired Salary: \$ _____	How many hours can you work per week? _____

Days/Hours Available To Work:

MON _____	TUE _____	WED _____	THU _____	FRI _____	SAT _____	SUN _____
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Overnight Availability

The Overnight Camping Program involves bringing youth groups aboard ship to tour and spend the night. The program runs from 5:30 p.m. to 9:00 a.m. Overnight guides are selected based upon their quality of work and level of responsibility demonstrated during regular daytime business hours.

Are you interested in working as an Overnight Camping Guide? _____ YES _____ NO						
If yes, please indicate which nights you would be available:						
MON _____	TUE _____	WED _____	THU _____	FRI _____	SAT _____	SUN _____



Education

Type of School	Name of School	Location	Years Completed	Major & Degree
High School				
College				
Business or Trade				
Professional				

References

Please list two references, excluding relatives, whom you have known for at least one year.

Reference 1	Reference 2
Name: _____	Name: _____
Position: _____	Position: _____
Company: _____	Company: _____
Address: _____	Address: _____
Telephone: () _____	Telephone: _____
Email: _____	Email: _____

Have you ever been convicted of a felony? _____ YES _____ NO
 If yes, please explain.

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. Please explain why would want to work for the USS KIDD Veterans Museum and list any past experience working with children, retail, or tourism.

Military

Have you ever been in the Armed Forces? _____ Yes _____ No
 Are you currently a member of the National Guard? _____ Yes _____ No
 Specialty: _____ Date Entered: _____ Discharge Date: _____



Work Experience

Please attach a resume that includes your last four employers, beginning with your most recent place of employment. If you do not have a resume, please complete the following:

Name of Employer: _____	Name of supervisor: _____
Address: _____	Employment dates: _____
Phone Number: () _____	Pay or salary: _____
Reason for leaving: (be specific) _____	Last job title: _____
List job held, duties performed, skills used or learned, advancements or promotions while at this organization.	

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Questionnaire

Please answer the following questions to the best of your ability:
A. Why do you want to work at the USS KIDD?
B. Describe yourself in three (3) words.
1)
2)
3)
Hypothetical situations:
• You are walking through the museum and see a large puddle of water on the floor in front of one of the drinking fountains. What do you do?
• While closing the building, you notice one of the Gift Shop cashiers pocket a \$20 bill. What do you do?
• You are on your way to work when your car breaks down. What do you do?

Did you complete this application yourself? _____ Yes _____ No
If not, who helped you?



Agreement

Please read carefully before signing.

I certify that the information included in this application is accurate and complete to the best of my knowledge, and I understand that misleading or false statements will constitute sufficient clause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with the USS KIDD Veterans Museum creates an actual or implied contract of employment. I understand that, if I accept employment with the USS KIDD Veterans Museum, it will be on an at-will basis. This means that neither the USS KIDD Veterans Museum nor I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by the USS KIDD Veterans Museum. I release the USS KIDD Veterans Museum and its employees, plus any other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize the USS KIDD Veterans Museum to investigate information concerning my education, employment experiences, and all other aspects of my background relevant to my proposed employment. I release the USS KIDD Veterans Museum and its employees from all liability arising from such investigation.

Signature of
applicant:

Date:

The USS KIDD Veterans Museum is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with the USS KIDD Veterans Museum depends solely on your qualifications.