

### **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: ( )	CE	LL:()	
	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 4<sup>th</sup> is a required work day for ALL staff.

Position Applying For:			Date you	ı can start:	
Desired Salary:	\$	How many hour	s can you work	per week?	
Days/Hours Available To	Work:				
MON TUE	WED	THU	FRI	SAT	SUN

### **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	ı interested in working	g as an Overnight	Camping Guide	e? YE	5	NO	
		Are you age 18	or above?	YES		NO	
If yes to	o both, please indicate	which nights yo	u would be avai	lable:			
MON	TUE	WED	THU	FRI	SAT	SUN	



		Educ	ation		
Type of School	Name of School	Loca	ation	Dates Attended	Major/Degree
High School					
College					
Business or Trade					
Professional					
		Refe	rences		
Please list two refer	ences, excluding relative	s, whom you	ı have knowi	n for at least one year.	
	Reference 1			Reference 2	
Name:			Name:		
c					
	)				
Email:			Email:		
Have you ever been	convicted of a felony?			YES	NO
If yes, please explair	1.				
specific position for	v to summarize any addit which you are applying v past experience workin	. Please exp	lain why wo	uld want to work for th	
		Mili	itary		
Have you ever been	in the Armed Forces?			Yes	No
•		- 15			

Are you currently a member of the N	lational Guard?	Yes	No
Specialty:	Date Entered:	Discharge [	Date:



# Work Experience

Name of Employer:	-	employers, beginning with your most te the following:	not have a resume, please co	
Phone Number:       ( )       Pay or salary:		Name of supervisor:		Name of Employer:
Reason for leaving: (be specific)       Last job title:         List job held, duties performed, skills used or learned, advancements or promotions while at this organiza         Name of Employer:       Name of supervisor:         Address:       Employment dates:         Phone Number:       Pay or salary:         (be specific)       Last job title:         List job held, duties performed, skills used or learned, advancements or promotions while at this organiza         Name of Employer:       Pay or salary:         Reason for leaving:       Last job title:         List job held, duties performed, skills used or learned, advancements or promotions while at this organiza         Mame of Employer:       Name of supervisor:         Address:       Employment dates:         Phone Number:       Employment dates:         Phone Number:       Employment dates:         Reason for leaving:       Pay or salary:         Reason for leaving:       Last job title:         (be specific)       Last job title:		Employment dates:		Address:
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List job held, duties performed, skills used or learned, advancements or promotions while at this organiza		Last job title:		6
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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	Date:
applicant:	

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.