



**WORK HISTORY** (Please list present or most recent employer first. If additional space is needed, continue on a separate sheet.)

1. Employer \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Supervisor/Manager \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Description of Primary Responsibilities \_\_\_\_\_

2. Employer \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Supervisor/Manager \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Description of Primary Responsibilities \_\_\_\_\_

**HAVE YOU EVER BEEN SUSPENDED OR DISCHARGED FROM EMPLOYMENT?**  Yes  No

If yes, please explain \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF A FELONY?** (A positive response will not necessarily affect your eligibility to be hired.)  Yes  No

If yes, please explain \_\_\_\_\_

Do you have any physical, mental, or medical impairments that would interfere with your ability to perform the job for which you are applying?  Yes  No

If yes, please explain \_\_\_\_\_

**AGREEMENT**

I certify that the statements made in this application are correct and complete to the best of my knowledge. I understand that false or misleading information may result in termination of employment. I authorize the Ann Arbor Hands-On Museum to conduct a reference check so that a hiring decision may be made. In the event that the Ann Arbor Hands-On Museum is unable to verify any reference stated on this application, it is my responsibility to furnish the necessary documentation.

**YOU MAY**  **YOU MAY NOT CONTACT MY PRESENT EMPLOYER.**

**DISCLAIMER**

If accepted for employment with the Ann Arbor Hands-On Museum, I agree to abide by all of its policies and procedures. If employed, I understand that I may terminate my employment at any time without notice or cause, and that the Employer may terminate or modify the employment relationship at any time without prior notice or cause. In consideration of my employment, I agree to conform to the rules and regulations of the Employers and I understand that no representative of the Employer, other than the President, has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any agreement or assurances contrary to this policy. If employed, I understand that my employment is for no definite period of time, and if terminated, the Employer is liable only for wages and benefits earned as of the date of termination.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_