Application for Stuhr Rimployment Museum



Please Print Legibly						
Position(s) Appling for				Date		
Referral Source: Advertisement		Gov't Employmer		Walk-In	Other	
Name of Sour	ce (if applicabl	e)				
Name						
Name		First			Middle	
Address						
City/State				Zip Code		
Telephone		E-	mail			
If necessary, best time to contact i	s					
Are you over the age of 18 years?	Yes No	If no, what is your	age?			
May we contact you at work?	Yes No If	yes, work number a	and best time t	o call		
Have you filed an application her	re before?	Yes No	If yes, give d	ate		
Have you ever been employed here	e before? Yes	s No If ye	s, give dates _			
Date you are available for work _						
Are you legally eligible for emplo (Proof of U.S. citizenship or imm	yment in this co	ountry? Ye	es No			
Type of employment desired:	Full Time	Part Tin	ne	Temporary	Seasonal	Ed. Co-op
Are you on lay off and subject to	a recall?	Yes No				
Have you been convicted of a felo applicant from employment.) If y	ny within the la yes, please expla	ast 7 yrs.?	Yes		on will not necessarily	
Educational Background	1 4 4		16			1
List last three (3) schools attende any, and major and minor field o			mer ot years a	mended and Indicat	e aegree or aipioma e	earnea, 11
A. School & Location	B. Number Y	rs. Attended	C. Degree/I	Diploma	D. Major	

Nama					T		
Name Telepho		elephone			Years Known		Relationship
					re involved in, tasks perf in, age, ancestry, disabili		any offices held. (Exclude protected status.)
Organization		Tasks Performed/Offi		fices Held			
Employment History							
	mployers, ass	ignments	s or volunt	eer activit	ies, starting with the mos	t recent, in	cluding military experience.
ist your last four (4) ei						t recent, in	cluding military experience.
ist your last four (4) ei						t recent, in	cluding military experience.
ist your last four (4) en Employer Address						t recent, in	cluding military experience.
EmployerAddress Telephone Dates Employed From						t recent, in	cluding military experience.
EmployerAddress Telephone Dates Employed From Job Title	m	t	0				
EmployerAddress Telephone Dates Employed From Job Title Immediate Supervisor	mand Title	t	0				
EmployerAddress Telephone Dates Employed From Job Title Immediate Supervisor Hourly Rate/Salary: S	m and Title Starting \$	t	o1	Final \$			
EmployerAddress Telephone Dates Employed From Job Title Immediate Supervisor Hourly Rate/Salary: Summarize the nature	and Title Starting \$ of the work	t	o I	Final \$	lities		
EmployerAddress Telephone Dates Employed From Job Title Immediate Supervisor Hourly Rate/Salary: Summarize the nature	and Title Starting \$ of the work	t	o I	Final \$responsibi	lities		

Employer			
Telephone			
Dates Employed From			
Hourly Rate/Salary: Starting \$			
Summarize the nature of the work	performed an	nd job respo	nsibilities
Reasons for leaving			
May we contact for reference?	Yes	No	Later
Employer			
Telephone			
Dates Employed From			
Immediate Supervisor and Title			
Hourly Rate/Salary: Starting \$			
			nsibilities
Reasons for leaving			
May we contact for reference?	Yes	No	Later
Employer			
Address			
Telephone			
Dates Employed From			
Job Title			
Hourly Rate/Salary: Starting \$			
Summarize the nature of the work	performed an	nd job respon	nsibilities
Reasons for leaving			
Reasons for leaving			
Reasons for leaving May we contact for reference?			
May we contact for reference?	Yes	No	Later
May we contact for reference?	Yes	No	Later
	Yes	No	Later

Skills and Qualifications: Summarize special skills	s and qualifications acquired from employment or other experiences that may
qualify you for work with the Stuhr Museum.	
Authorization and Understanding	
for employment is true and complete. I authorize you history with the appropriate individuals, companies require, including my prior disciplinary employment authorize you to release any information requested leavisten notice of such disclosure. I hereby release you disclosures. I agree that any false information in such my employment. If hired, I agree I will serve at the regulations and terms and conditions of employment to me. I agree that either party may terminate the enauthorize the Stuhr Museum to deduct from each around the resulted of property or money entrusted to me by that these arrangements may only be altered in writh further agree that if I should bring any action or class.	at all of the information now or hereafter given by me in support of my application ou to verify any of the information concerning my employment, education or credit s, institutions or agencies and I authorize them to release such information as you not record, without obligation to give me written notice of such disclosure. I also by any of my prospective or subsequent employers without any obligation to give me you and them from any liability whatsoever as a result of any such inquiries and apport of my application may subject me to discharge at any time during the period the will of the Stuhr Museum and I agree that I shall be bound by the rules, policies, to of the Stuhr Museum as they are from time to time changed with or without notice imployment relationship, with or without cause, at any time for any reason. I hereby and every period of my pay any amounts necessary to offset any damages caused by me to, or owed by me to the Stuhr Museum during the course of my employment. I agree thing directed to me personally by the Executive Director of the Stuhr Museum. I aim arising out of my employment against the Stuhr Museum in which the Stuhr my and all costs incurred by the firm in defense of said claims or actions, including
	er. The Stuhr Museum does not discriminate in employment; no question on this cluding any applicant's consideration for employment on a basis prohibited by local
This application is current for only six (6) months. wish to be considered for employment, it will be nec	At the conclusion of this time, if I have not heard from the Stuhr Museum and still ressary for me to fill out a new application.
Iemployers of mine to provide inforemployers to representatives of Stu	hereby give consent to any and all prior rmation with regard to my employment with prior thr Museum.
Signature of Applicant	Date
Please return completed application to:	



3133 W. Hwy. 34 Grand Island, NE 68801-7280