

**APPLICATION FOR EMPLOYMENT
ANCHORAGE MUSEUM ASSOCIATION**

The AMA is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

PERSONAL:

Name _____ Date _____
Last First Middle

Address _____
Number & Street City State Zip Code

Position Sought _____ email: _____ Full Time ___ Part Time

Date Available _____ Phone Numbers: Home _____ Cell Phone _____ Work _____

Salary Desired _____ Social Security Number _____ Are you over 17 years old? ___ Yes ___ No

Are you legally eligible for employment in the United States? ___ Yes ___ No
(If offered employment, you will be required to provide documentation to verify eligibility.)

EDUCATION: Please indicate education or training which you believe qualifies you for the position you are seeking.

High School: No. of Yrs Completed (circle one) 1 2 3 4

Diploma: ___ Yes ___ No G.E.D.: ___ Yes ___ No

School(s) _____ City/State _____

College and/or Vocational School:
Number of Years Completed (circle one) 1 2 3 4

School(s) _____ City/State _____

Major _____ Degrees Earned _____

Other Training or Degrees:

School(s) _____ City/State _____

Course _____ Degree or Certificate Earned _____

PROFESSIONAL LICENSE OR MEMBERSHIP:

Type of License(s) Held _____

State of Alaska License Number _____

License Expiration Date _____

Other Professional Memberships _____

(Do not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

**This application for employment is good for 30 days only.
Consideration for employment after 30 days requires a new application.**

SKILLS:

Office: Data Entry: _____ Excel _____ Lotus 1,2,3 _____ Other (specify)

Word Processing : _____ MSWord _____ WordPerfect _____ Other (specify)

Other Software Used: _____

Hardware Used: _____

Have you ever been employed in any facility of the AMA? Yes No

If so, please state name used and dates of employment:

EMPLOYMENT: List last employer first, including U.S. Military Service. **Do not indicate "see resume."**

May we contact your present employer? Yes No

If any employment was under a different name, indicate name _____

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From: _____ To: _____ FT PT No. of Hrs./Wk _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____

Reason for Leaving _____

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From: _____ To: _____ FT ___ PT ___ No. of Hrs./Wk _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____

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Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____

Reason for Leaving _____

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Explain any gaps in work history: _____

Have you ever been discharged or asked to resign from a job? ___ Yes ___ No

If yes, explain: _____

REFERENCES:

Professional

Name _____

Address _____

email: _____

Phone (____) _____

Name _____

Address _____

email _____

Phone (____) _____

Personal

Name _____

Address _____

email: _____

Phone (____) _____

Name _____

Address _____

email _____

Phone (____) _____

APPLICANT'S CERTIFICATION AND AGREEMENT

The undersigned authorizes The Anchorage Museum Association (AMA) or its representative to contact my previous employers and other individuals I have given as references. I authorize and direct all such references and any employee of a previous employer to disclose any and all information regarding me and/or my employment, including, but not limited to, information about my job performance, attitude, skills, personality, character, experience, education, training, duties, wages, attendance, punctuality, discipline, strengths, weaknesses, evaluations, terminations, whether I would be rehired, and all other matters whatsoever regarding me and/or my employment. I hereby release and will hold harmless the AMA and those who provide information from any and all liability of whatever kind and nature, which at any time could result from obtaining or using such information for employment decisions.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of The Anchorage Museum Association. However, I further understand that neither the policies, rules, regulations of employment, or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the AMA may terminate my employment at any time with or without notice or cause.

I understand I may be immediately terminated for false statements or omission of facts called for on this application.

Signature of Applicant _____

Date: _____