

**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 \_\_\_\_\_

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 \_\_\_\_\_

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 harmless 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: \_\_\_\_\_