



Employment Application

Please TYPE or PRINT then return to:
Human Resources • email: jobs@mods.net

-or-

Museum of Discovery and Science
401 SW Second Street, Fort Lauderdale, FL 33312

Today's Date:
mm/dd/yyyy

Read instructions carefully. Complete each section. You may attach a resume or a reference letter, but you must still complete the application. If selected for an interview, you will be contacted.

Position applied for: _____

The Museum of Discovery & Science considers all applicants for employment without regard to race, color, religion, gender, marital status, sexual orientation, national origin, age, handicap or disability, or status as a Vietnam-era or special disabled veteran in accordance with federal law. In addition, the Museum complies with all applicable state and local laws prohibiting discrimination in employment. The Museum also provides reasonable accommodations to disabled individuals with applicable laws.

First name: _____ Last name: _____

Street address: _____ Home phone: _____

City: _____ Cell phone: _____

State: _____ Zip: _____ E-mail: _____

Social Security Number: _____ Referred by: _____

Are you over the age of 18? YES NO If not, state your age: _____

Type of employment desired: Full-time Part-time If part-time, specify days and hours: _____

Date you can start (mm/dd/yyyy): _____ Salary desired: _____

Have you ever been employed by us? YES NO If yes, when?: _____

Can you perform the essential functions involved in the position for which you have applied with or without a reasonable accommodation? YES NO

If no, please explain: _____

The Museum reserves the right to verify this information. A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable laws. Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, the Museum will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization. The Museum reserves the right to verify this information.

MILITARY SERVICE RECORD

Have you ever served in the U.S. Armed Forces? YES NO

If yes, list duties in the Service, including special training that is relevant to the position for which you have applied.

SKILLS

Are there any experiences, skills, or abilities that you feel especially qualify you for work at the Museum?

EDUCATION

Schools attended	Name & address of school	Years completed	Major subject	Did you graduate?	Type of degree
High School or GED Information					
Colleges and Universities					
Business, Technical, Professional and other Schools					

EMPLOYMENT RECORD

List your most recent job first. Include all jobs, not just those that relate to the position you are applying for. Include any time you did not work and give a reason. Ask for additional paper if needed.

Company and address: _____ Telephone: _____

Job title: _____ Name of Supervisor: _____

Brief description of job and duties: _____

Employment dates: From MO. / YR.: _____ To MO. / YR.: _____ Start salary: _____ End salary: . _____

Reason for leaving: _____

Company and address: _____ Telephone: _____

Job title: _____ Name of Supervisor: _____

Brief description of job and duties: _____

Employment dates: From MO. / YR.: _____ To MO. / YR.: _____ Start salary: _____ End salary: . _____

Reason for leaving: _____

Company and address: _____ Telephone: _____

Job title: _____ Name of Supervisor: _____

Brief description of job and duties: _____

Employment dates: From MO. / YR.: _____ To MO. / YR.: _____ Start salary: _____ End salary: . _____

Reason for leaving: _____

Certification, Authorization, and Acknowledgements (Read Carefully)

I certify that the information contained in this application, as well as any information given in the hiring process is complete and correct to the best of my knowledge and understand that falsification or incompleteness of this information may result in my not being considered for employment or dismissal if I am employed. I authorize and request that the references, former employers, and educational institutions listed on this application give you any and all information concerning my previous employment (including a statement of the reason for the termination of my employment) they may have, personal or otherwise, and release all parties from all liability for any damages that may result from furnishing same to you. I understand as a condition of employment, I will be required to show identification which proves my legal right to work in the United States. If employed, I agree to follow the rules, regulations, and other directives of the Museum. However, I understand that my employment is at-will, is not for a definite duration, can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Museum or myself and that I do not have a contract of employment with the Museum. I understand that no Museum representative other than the President has any authority to enter into any agreement to employ me for any specific period of time, or to make agreement contrary to the foregoing. Any contrary agreement by the President must be in writing, signed and dated. I acknowledge that no other representations have been made to me as of this date concerning employment by the Museum, have carefully read and understood the above and hereby consent and agree to these conditions in exchange for the Museum's consideration of my application for employment. This shall authorize the procurement of a consumer report by the Museum as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for the Museum to procure consumer reports at any time during my employment period. I understand that any offer of employment with the Museum is contingent upon my ability to perform the essential functions of the job, with or without accommodation. My abilities will be determined, in part, through a post-offer medical assessment to be conducted after a contingent offer of employment has been made.

Applicant Signature: _____