



E M P L O Y M E N T A P P L I C A T I O N

Thank you for your interest in working with the Santa Barbara Museum of Natural History. Please complete all sections of this application thoroughly. Please print.

Last Name First Name Middle Date

Present Address

Address City State Zip

Permanent Address (if different from above)

Address City State Zip

Cell Phone Alternate Phone Email Address

Position applying for:

Personal Information

Have you ever applied or worked for the Museum before? YES NO

If yes, when Which position? (Circle) Main Campus /Sea Center

Do you have any friends or relatives working for the Museum? YES NO

If yes, please list: (Circle) Main Campus /Sea Center

Name Relationship

If hired, would you have a reliable means of transportation to and from work? YES NO

Are you at least 18 years of age? (if under 18, hire is subject to verification that you are of minimum legal age.) YES NO

If hired, can you present evidence of your legal right to live and work in the US? YES NO

Are you able to perform the essential functions of the job either with or without reasonable accommodation? YES NO

If no, please describe the functions that cannot be performed:

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Education & Training

High School

Name

Address

City

State

Zip

No. yr(s)/mo(s) completed _____ Graduated? YES NO Diploma/Degree _____

College or University

Name

Address

City

State

Zip

No. yr(s)/mo(s) completed _____ Graduated? YES NO Diploma/Degree _____

Vocation or Business Training

Name

Address

City

State

Zip

No. yr(s)/mo(s) completed _____ Graduated? YES NO Diploma/Degree _____

Additional Education or Training

Name

Address

City

State

Zip

No. yr(s)/mo(s) completed _____ Graduated? YES NO Diploma/Degree _____

Employment History

List below all present and past employment starting with your most recent employer (last 5 yrs is sufficient). Account for all periods of unemployment. **You must complete this section even if attaching a resume.** (Attach additional pages if necessary)

Name of Employer

Phone

Type of Business

Supervisor's Name

Phone/Ext. #

Address

City

State

Zip

Dates of Employment

From

To

Position/Title

Reason for Leaving

Duties:

May we contact this employer for a reference?

YES

NO

(Continue on next page)

Employment History, continued

Name of Employer _____		Phone _____	
Type of Business _____	Supervisor's Name _____		Phone/Ext. # _____
Address _____	City _____	State _____	Zip _____
Dates of Employment _____	From _____	To _____	
Position/Title _____	Reason for Leaving _____		
Duties: _____			

May we contact this employer for a reference? YES NO

Name of Employer _____		Phone _____	
Type of Business _____	Supervisor's Name _____		Phone/Ext. # _____
Address _____	City _____	State _____	Zip _____
Dates of Employment _____	From _____	To _____	
Position/Title _____	Reason for Leaving _____		
Duties: _____			

May we contact this employer for a reference? YES NO

Name of Employer _____		Phone _____	
Type of Business _____	Supervisor's Name _____		Phone/Ext. # _____
Address _____	City _____	State _____	Zip _____
Dates of Employment _____	From _____	To _____	
Position/Title _____	Reason for Leaving _____		

Duties: _____

May we contact this employer for a reference?

YES

NO

References

List below three person not related to you who have knowledge of your work performance within the last three years.

_____ First Name		_____ Last Name		
_____ Address		_____ City	_____ State	_____ Zip
_____ Phone	_____ Occupation			_____ Yrs. Acquainted

(Continue on next page)

References, continued

_____ First Name		_____ Last Name		
_____ Address		_____ City	_____ State	_____ Zip
_____ Phone	_____ Occupation			_____ Yrs. Acquainted

_____ First Name		_____ Last Name		
_____ Address		_____ City	_____ State	_____ Zip
_____ Phone	_____ Occupation			_____ Yrs. Acquainted

Please Read Carefully, Initial Each Paragraph and Sign Below

I herby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initial _____

I herby authorize the Santa Barbara Museum of Natural History (The Museum) to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to

the Museum any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Museum, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initial _____

I understand that nothing contained in the application, or conveyed during any interview, which may be granted, or during my employment, if hired, is intended to create an employment contract between the Museum and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Museum, and that no promises or representations contrary to the foregoing are binding on the Museum unless made in writing and signed by me and the Museum's Executive Director.

Initial _____

Signature

Date

Print Name