



APPLICATION FOR EMPLOYMENT

PLEASE PRINT

Date of Application _____

Last Name: _____ First Name: _____ Middle Name: _____

Address - Street: _____ City: _____ State: _____ Zip: _____

Telephone Number(s): _____

How did you learn about us?

- Advertisement Friend
 Employment Agency Relative
 Walk-In Other _____

Do you prefer to work:

- Full Time Part Time
 Temporary

On what date would you be available for work? _____

Position(s) Applied For: _____

If you are under age 18, can you provide a work permit if offered a job? Yes No

Have you ever been employed by us before? Yes No If yes, give date: _____

Can you provide proof of your eligibility to work? Yes No Proof of citizenship or immigration status will be required upon employment.

Have you ever been convicted of a crime? * Yes No If yes, please explain: _____

* Excluding convictions for marijuana-related offenses more than two years old; convictions that have been sealed, expunged or legally eradicated, and misdemeanor convictions for which probation was completed and the case was dismissed. A conviction is not an automatic bar of employment, each case will be considered on its own merit.

Names of relatives or friends working here: _____

Education

High School: (Name, City, State)	Number of years completed:	Did you graduate?
College:		
Post Graduate:		
Other:		

Employment History (Please list your work experience for the last 10 years, beginning with your current job.)

1. Name of current or last employer:	From	To
	Month Year	Month Year
Address:	Telephone #	Starting: \$
Position:	Supervisor:	Final: \$
Description of Duties:		
Reason for Leaving:		

2. Your previous employer:	From		To	
	Month	Year	Month	Year
Address:	Telephone #		Starting: \$	
Position:	Supervisor:		Final: \$	
Description of Duties:				
Reason for Leaving:				

3. Your employer before #2:	From		To	
	Month	Year	Month	Year
Address:	Telephone #		Starting: \$	
Position:	Supervisor:		Final: \$	
Description of Duties:				
Reason for Leaving:				

If you need additional space, please continue your response on a separate page.

To assist us in checking records and to verify prior employment and education, please indicate whether you were ever employed or enrolled in a school under a name other than that used on this application: Yes No

If yes, please specify the name you were employed or enrolled under: _____

If you are employed now, may we contact your current employer? Yes No

Are you able to perform the essential duties of the position for which you are applying, either with or without reasonable accommodations? Yes No
If necessary, please indicate what type(s) of reasonable accommodations are needed:

Please provide the names, addresses, and telephone numbers of at least three references. *(Supervisors and co-workers preferred. Please state where you worked with each.)*

1. _____
2. _____
3. _____

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the Company unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom the Company contacts, to provide the Company with all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Company. I further agree that my employment and compensation can be terminated at will with or without cause, and with or without notice, at any time, either at my option or at the option of the Company. I understand that no employee or representative of the Company, other than its Executive Director, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the Executive Director of the Company may not alter the at-will nature of the employment relationship unless the Executive Director and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this constitutes an integrated agreement with respect to the at-will nature of my employment relationship, that it is final and fully binding, and that there are no oral or collateral agreements regarding this issue.

I also understand that all offers of employment are conditioned on the provision of proof of my identity and legal authority to work in the United States.

Signature of Applicant _____ Date _____



CONFIDENTIAL EEOC APPLICANT SURVEY

NAME: _____ DATE: _____

POSITION/TITLE APPLYING FOR: _____

PLEASE CHECK ALL APPLICABLE BOXES:

- MALE FEMALE

VETERAN STATUS:

- VIETNAM ERA VETERAN - 8/4/64 to 5/5/75
DISABLED VETERAN
OTHER VETERANS

QUALIFIED INDIVIDUAL WITH DISABILITY INFORMATION: Individual with a disability means any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities; OR has a record of such impairment; OR is regarded as having such impairment.

Do you feel you are a qualified disabled individual? YES NO

If yes, please explain:

ETHNIC BACKGROUND, Please check all of the following that apply:

- ASIAN (Non-Pacific Islander or Native Hawaiian)
BLACK or AFRICAN-AMERICAN (Black, African, West Indian, Non-Hispanic or Latino)
CAUCASIAN (White, Non-Hispanic or Latino)
HISPANIC or LATINO
NATIVE AMERICAN (American Indian, Eskimo, Aleut)
NATIVE HAWAIIAN or other PACIFIC ISLANDER (Guam, Samoa, Marshall Islands, etc.)
TWO or MORE RACES

Signature

Date

The Reuben H. Fleet Science Center is an equal opportunity employer. The Science Center does not discriminate in employment on the basis of race, color, religion, gender, national origin, age, disability, Vietnam Era Veteran or disabled veteran status, sexual orientation or any other protected status as provided by law. In order to comply with EEOC regulations, government record keeping, reporting and other legal requirements, the company requests that applicants complete this voluntary survey which will be maintained in a confidential file. You are not required to complete this form in order to be considered for employment. Your participation is voluntary and will have no affect on your employment application should you complete or fail to complete this survey.