

The Charleston Museum

America's First Museum

360 Meeting Street, Charleston South Carolina 29403
(843) 722-2996 FAX (843) 722-1784
www.charlestonmuseum.org

APPLICATION FOR EMPLOYMENT

Position Applied For _____ Date _____

I. PERSONAL INFORMATION

Name _____

Last

First

Middle

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Cell Phone _____ Best number to reach you _____

Email _____

Date Available For Work _____ Salary/Pay Rate Required _____

Will you work the following?

Full-time: yes ___ no ___

Part-time: yes ___ no ___

Temporary: yes ___ no ___

Overtime: yes ___ no ___

II. Education

School Name/Location	Year Graduated	Major	Diploma/Degree
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High School

College/University

Graduate/Professional

Other Equivalency Training

List relevant affiliations and positions held, honors, school activities and other outside activities in which you participated.

III. Recognition/Skills, etc.

A. Awards:

B. Certifications:

C. Languages (specify read/speak):

D. Office equipment operated:

IV. General (Check yes or no and provide explanation if necessary)

1. Have you ever been employed by the Museum before?	YES	NO	If "yes" give position and date of employment:
2. Are you related to any present Museum employee?			If "yes" give name of employee:
3. Are you presently employed?			If "yes" may we contact your present employer?
4. Are you on a layoff and subject to recall?			If "yes" explain:
5. Are you a citizen of the United States?			If "no" give country of citizenship and the work vis a:
6. Are you willing to change work schedules if the job requires this?			
7. Can you travel if the job requires this?			

8. Are you available to work weekends and holidays if the job requires this?	YES	NO	
9. Is your driver's license current and valid?			
10. Has your driver's license ever been revoked?			If "yes" explain:
11. Have you worked in a museum or historic house before?			If "yes" explain:
12. Do you enjoy working with the general public?			

V. Employment- List below all present and past employment, starting with your most recent.

Dates	Name of Employer	Position or Title	
	Street Address		
From:	City	State	Zip
To:	Telephone Number	Supervisor	Reason For Leaving
Starting:	Describe Your Duties:		
Final:			

Dates	Name of Employer	Position or Title	
	Street Address		Describe Your Duties
From:	City	State	Zip
To:			

Salary/Wages	Telephone Number	Supervisor	Reason For Leaving
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Final:			

Summarize special skills and qualification acquired through employment or other experiences that you think would be helpful to us in considering you for employment (secretarial, technical, mechanical, professional).

VI. References- List three reference not related to you. List name, address, telephone number and previous job relationship.

1. _____
2. _____
3. _____

VII. Important Conditions of Employment- Please read before signing

I hereby certify that the information provided on this application is true and complete and understand that falsified information or significant omission may disqualify me from further consideration for employment or be considered justification for dismissal if I am employed.

I understand that an inquiry may be made into the information provided in this application and I authorize all persons, schools, companies and other organizations to provide any accurate information that may be required to arrive at an employment decision.

Date

Signature of Applicant

Return to:

The Charleston Museum
360 Meeting Street
Charleston, SC 29403