



NATIONAL MUSEUM OF THE MARINE CORPS

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, or veteran status, sexual orientation, or any other legally protected status. Please fill in boxes by printing in block letters.

Position applied for:		Date:	
How did you learn about us? (Check any that apply)			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Relative	<input type="checkbox"/> Other	
Contact Information			
Last Name:		First Name:	
		Middle Initial:	
Street Address:			
Apt. #:	City:	State:	Zip:
Telephone Number:			
Email:			
SSAN:			
If you are under 18 years of age, can you provide proof of your eligibility to work?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you filed an application with us before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been employed with us before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration status?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
When will you be available to start work?		Date:	
Are you available to work:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary		
Are you currently on "lay-off" status and subject to recall?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been convicted of a felony within the last seven years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		If above is YES, please explain	
Explanation:			
WE ARE AN EQUAL OPPORTUNITY EMPLOYER.			

EDUCATION:				
	Name/Address of School	Course of Study	Years Completed	Diploma/ Degree
Elementary				
High School				
College/ Undergraduate				
College/ Graduate				
Other				
Indicate any languages other than English you speak, read, or write				
	Fluent	Good	Fair	
Speak				
Read				
Write				
Describe any specialized training, apprenticeship, skills, or extra-curricular activities. Include any related military training or other qualifications you might possess.				
Employment Experience				
Start with your most recent job, and include job-related military assignments and volunteer activities. Exclude any organizations you wish that would indicate race, color, religion, gender, national origin, disability or other protected status.				
		Date Employed from	Date Employed to	Work Performed
Employer				
Address		Hourly Rate or Salary		
Tel. No.		Starting	Final	
Job Title	Supervisor			
Reason for leaving:				
Employer				
Address		Hourly Rate or Salary		
Tel. No.		Starting	Final	
Job Title	Supervisor			
Reason for leaving:				
Employer:				
Address:		Hourly Rate or Salary		
Tel. No.		Starting	Final	
Job Title	Supervisor			
Reason for leaving:				

References

1. Name:	Telephone:
Address:	
2. Name:	Telephone:
Address:	
3. Name:	Telephone:
Address:	

Applicant's Statement

I certify that all answers given herein are true and complete to the best of my knowledge.
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature,, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by an written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
In the event of employment, I understand that false or misleading information in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of applicant Date of application

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period of time should inquire at that future date as to whether or not applications are being accepted at that time.

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