



| |
|---------------------------------|
| NAME: _____ |
| DATE: _____ |
| POSITION APPLYING FOR: _____ |
| DATE AVAILABLE: _____ |

MISSION STATEMENT

International Museum of Art & Science's MISSION is to promote a deeper appreciation of the arts and sciences through exhibitions, cultural events, and educational programs, and to preserve, expand and display its permanent art and science collections. We will achieve success by an uncompromising commitment to:

SUPERIOR MEMBER AND PATRON SATISFACTION
An institution-wide attitude that recognizes member and patron satisfaction is everything.

EMPLOYEE FRIENDLY ENVIRONMENT
An acknowledgment that our employees (administrative staff, docents and tour guides, security personnel, housekeeping staff) are an extremely valuable resource. We are committed to fostering an environment where recognition, innovation, communication and education are encouraged and rewarded.

BOARD OF TRUSTEES AND GUILD
An acknowledgment that our institution operates under the direction of the IMAS Board of Trustees and fosters the support and volunteerism of the IMAS Guild.

ETHICAL BUSINESS CONDUCT
Conducting our business with uncompromising honesty and integrity.

MEMBER VALUE
Providing our members with a superior value for their investment in our institution by providing exhibitions, cultural events, and educational programs of the highest quality.

CODE OF EMPLOYEES

The International Museum of Art & Science acknowledges that our employees are a most valuable resource. It is IMAS' goal to be the finest institution possible for which to work by promoting an environment where:

- Fair and honest treatment of every individual is the standard.
- Communication of opinions is encouraged.
- We attract, develop and promote the most qualified people.
- There exists a balance between family, community and the company.
- We recognize and reward accomplishment.
- We encourage a positive approach to work.
- We conduct ourselves with uncompromising honesty and integrity.
- Hard work and having fun go hand-in-hand.

The International Museum of Art and Science and Equal Opportunity Employer, considers all applicants. IMAS does not discriminate because of race, color, religion, sex, national origin, sexual orientation, citizenship status, veterans status, or, to the extent provided by law, age, marital status, disability or any other protected class as defined by federal, state or local laws. IMAS also promotes a drug-free and smoke-free workplace.



IMAS

International Museum of Art & Science

EMPLOYMENT APPLICATION

(Please print clearly in ink. If you need assistance in completing the application
Please let us know so that we can discuss a reasonable accommodation.)

REFERRAL SOURCE (Mark one choice ONLY)

- | | |
|--|--|
| <input type="checkbox"/> College Relations | <input type="checkbox"/> Job Fair / Career Fair |
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Direct Recruit | <input type="checkbox"/> Search Firm |
| <input type="checkbox"/> Employee Referral _____ | <input type="checkbox"/> State Employment Agency |
| <input type="checkbox"/> Internal Candidate _____ (Name) | <input type="checkbox"/> Temporary Agency |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Walk In / Write In |

Name:

| | | | |
|-------|-------|--------|--------------------|
| _____ | _____ | _____ | _____ |
| Last | First | Middle | Preferred Nickname |

Address:

| | | | |
|------------------------|-------|-------|----------|
| _____ | _____ | _____ | _____ |
| Number and Street Name | City | State | Zip Code |

Area Code & Home Phone Number: (____) _____ Area Code & Cell Phone or Pager Number: (____) _____

Previous Address (If less than 5 years at present address):

| | | | |
|------------------------|-------|-------|----------|
| _____ | _____ | _____ | _____ |
| Number and Street Name | City | State | Zip Code |

Social Security Number: _____ Salary Desired: _____

If under 18, can you submit a work permit for this state, if requested:

- Yes No Not Applicable

Have you ever applied for work at IMAS?

- Yes No If yes, When? _____

Have you ever been employed by IMAS?

- Yes No If yes, When? _____ What Position? _____

Reason for leaving _____

What type of work are you applying for?

- Full Time Part Time Temporary

What hours are you available?

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

| | | |
|-----------|-------|-------------------|
| Last Name | First | Social Security # |
|-----------|-------|-------------------|

Employment History:

Please complete and if available, attach resume. (Use an additional application if necessary to complete your employment history.) Account for all time since leaving High School, or the last seven years. Include Military Service and all periods of unemployment exceeding 30 days. Begin with the most recent.

May we contact your present employer? Yes No

Company Name: _____ Phone Number: (____) _____

Street: _____ City: _____ State: _____ Zip: _____

From: _____ to _____ Full Time Part Time
Month/Year Month/Year

Starting Salary: _____ Final Salary: _____ Bonus/Incentive: _____ Title: _____

Supervisor's Name: _____ Reason for Leaving: _____

Describe Job Responsibilities: _____



Company Name: _____ Phone Number: (____) _____

Street: _____ City: _____ State: _____ Zip: _____

From: _____ to _____ Full Time Part Time
Month/Year Month/Year

Starting Salary: _____ Final Salary: _____ Bonus/Incentive: _____ Title: _____

Supervisor's Name: _____ Reason for Leaving: _____

Describe Job Responsibilities: _____



Company Name: _____ Phone Number: (____) _____

Street: _____ City: _____ State: _____ Zip: _____

From: _____ to _____ Full Time Part Time
Month/Year Month/Year

Starting Salary: _____ Final Salary: _____ Bonus/Incentive: _____ Title: _____

Supervisor's Name: _____ Reason for Leaving: _____

Describe Job Responsibilities: _____

| | | |
|-----------|-------|-------------------|
| Last Name | First | Social Security # |
|-----------|-------|-------------------|

Employment History (continued):

Company Name: _____ Phone Number: (____) _____

Street: _____ City: _____ State: _____ Zip: _____

From: _____ to _____ Full Time Part Time
Month/Year Month/Year

Starting Salary: _____ Final Salary: _____ Bonus/Incentive: _____ Title: _____

Supervisor's Name: _____ Reason for Leaving: _____

Describe Job Responsibilities: _____



Education & Training:

Circle the highest grade completed: 8 9 10 11 12 GED College: 1 2 3 4 5 6 7

| | | | |
|-------------|----------------|---------------------|-------------------|
| High School | City and State | Grade Point Average | Grade Point Scale |
|-------------|----------------|---------------------|-------------------|

| College, University, Other, Military, Technical, etc. | City and State | Degree Received | Major | Grade Point Average | Grade Point Scale |
|---|----------------|-----------------|-------|---------------------|-------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Please indicate the tasks/positions in which you have training and experience:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Accounting/General | <input type="checkbox"/> Driver | <input type="checkbox"/> Merchandising | <input type="checkbox"/> Replenishment |
| <input type="checkbox"/> Accounts Payable | <input type="checkbox"/> Forklift | <input type="checkbox"/> PC Skills | <input type="checkbox"/> Retail Floor Sales |
| <input type="checkbox"/> Accounts Receivable | <input type="checkbox"/> Furniture Assemble/Installation | <input type="checkbox"/> Word | <input type="checkbox"/> Sales Audit |
| <input type="checkbox"/> Admin. Ass't/Secretary | <input type="checkbox"/> General Maintenance | <input type="checkbox"/> Excel | <input type="checkbox"/> Shipping/Transportation |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> General Office | <input type="checkbox"/> Access | <input type="checkbox"/> Telemarketing |
| <input type="checkbox"/> Cad/Version _____ | <input type="checkbox"/> Informant Systems Applicants | <input type="checkbox"/> PowerPoint | <input type="checkbox"/> 10 Key – By Sight |
| <input type="checkbox"/> Computer Operator | <input type="checkbox"/> Hardware _____ | <input type="checkbox"/> Publisher | <input type="checkbox"/> 10 Key – By Touch |
| <input type="checkbox"/> Credit/Collections | <input type="checkbox"/> Software _____ | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Typing, _____ wpm |
| <input type="checkbox"/> Customer Relations | <input type="checkbox"/> Applications _____ | <input type="checkbox"/> Purchasing | <input type="checkbox"/> Warehouse/General Laborer |
| <input type="checkbox"/> Data Entry Clerk | <input type="checkbox"/> Mailroom | <input type="checkbox"/> Receiving/Inventory Control | |
| <input type="checkbox"/> Drafting | | | |

| | | |
|-----------|-------|-------------------|
| Last Name | First | Social Security # |
|-----------|-------|-------------------|

Education & Training (continued)

Please describe all other experience and equipment (including hardware/software) used which is relevant to the position applied for:

Please identify any business or professional licenses that you hold which are relevant to the position applied for: _____

Applicants for truck drivers, sales and shipping positions: Do you have a valid Driver's License: Yes No Class: _____



PROFESSIONAL REFERENCES

Please give the names of two persons (other than relatives) who have known you for two years or more, and whom we may contact.

| | |
|--------------------------------------|--------------------------------------|
| Name _____ | Name _____ |
| Address _____ | Address _____ |
| Years Known _____ Phone (____) _____ | Years Known _____ Phone (____) _____ |
| Working Relationship _____ | Working Relationship _____ |



Can you perform the essential functions of the position for which you have applied with or without reasonable accommodation?

Yes No

Have you been convicted of a felony? (A conviction record will not necessarily eliminate your candidacy for employment. You do not need to disclose any convictions which have been discharged.) Yes No
 If you answered "yes," please explain fully, including the nature of the offense(s), and the date(s) of the offense(s) conviction(s):

Are you legally eligible for employment with IMAS in the United States? Yes No

(Note: Proof of U.S. citizenship or immigration status will be required upon employment. You must complete an I-9 form required by the U.S. Immigration and Naturalization Service within three business days of the date your employment begins.)

| | | |
|-----------|-------|-------------------|
| Last Name | First | Social Security # |
|-----------|-------|-------------------|

Declarations and Acknowledgments:

1. I understand that the receipt of this application does not imply or constitute an agreement or contract for employment.
2. I certify that all statements and answers in this application are true and complete, and agree that any falsification, omission, concealment or failure to answer any question fully and completely may result in denial of employment or termination regardless of when it is discovered.
3. I understand that an offer of employment with IMAS is contingent upon my taking and passing a test for illegal drugs and favorable pre-employment background investigation results.
4. I authorize IMAS or an agent of IMAS to investigate my references, to review my former employment record and to keep and preserve records of such investigations. Additionally, I release IMAS and all other parties from liability for any damage that may result from, or is related to, the furnishing of information to IMAS.
5. If employed, I agree to read and comply with IMAS rules, regulations and policies.
6. I understand that all employees of IMAS are employees at will and, as such, are free to resign at any time without reason. IMAS, likewise, retains the right to terminate an employee's employment at any time with or without reason or notice. No oral statements or any document provided to the employee are intended to be, nor should they be construed as, a guarantee that employment or any benefit is to be continued for any period of time. The terms of this at-will employment relationship cannot be altered unless done so in writing by the Executive Director of IMAS. Any salary figures provided to an employee in annual, monthly or weekly terms are stated for sake of convenience or to facilitate comparisons and are not intended and do not create an employment contract for specific period of time.
7. If employed, I agree that upon termination of my employment, I will return all IMAS property and records in my possession.
8. I understand that this application for employment will remain active for 60 days. If I am not hired and I am still interested employment with IMAS after that time, I understand that I must complete a new application.

Applicant Signature _____ Date _____