



Gertrude Salzer Gordon  
 Children's Museum of La Crosse  
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 La Crosse, WI 54601  
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 FAX (608) 784-6988  
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[www.funmuseum.org](http://www.funmuseum.org)

**APPLICATION FOR EMPLOYMENT**

OFFICE USE ONLY	
Received ( d m e ) date:	Interview ( p f ) date:
Contact ( p e f ) date:	Offer date:
Other ( p e f ) date:	Employment date:

Applicants are considered for all positions without regard to race, creed, color, ethnic or national origin, sex, age, sexual preference, marital or parenthood status, physical characteristics, the presence of non-job related medical condition or disability, economic status, or any other legally protected status.

**PLEASE PRINT IN INK:**

Date of application \_\_\_\_\_

Position/s applied for \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Email Address \_\_\_\_\_ Best time to reach you \_\_\_\_\_

Are you employed now? \_\_\_\_\_ Yes \_\_\_\_\_ No

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No Work Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Have you applied here before? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give approximate date \_\_\_\_\_

Are you prevented from legally becoming employed in this country because of Visa/Immigration Status? \_\_\_\_\_ Yes \_\_\_\_\_ No  
*(Proof of citizenship or immigration status may be required upon employment.)*

On what date would you be available for work? \_\_\_\_\_

Check all that you would be available to work: \_\_\_\_\_ Weekdays. Any time limitations? \_\_\_\_\_

\_\_\_\_\_ Weeknights. Any time limitations? \_\_\_\_\_ \_\_\_\_\_ Weekends. Any time limitations? \_\_\_\_\_

Are you available to work: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time

Are you a veteran of the U.S. military service? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what branch \_\_\_\_\_

Can you travel if job requires it? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, which state \_\_\_\_\_

Do you have proof of insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include military service assignments and significant volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin. If you need additional space, please continue on a separate sheet of paper.

Employer	Date Employed From	Date Employed To
Address		Telephone w/area code
Job Title	Summarize Work Performance & Job Responsibilities	
Summarize Work Performance & Job Responsibilities (cont'd)		
Supervisor Name	Reason for leaving	
Starting Hourly Rate/Salary (OPTIONAL)	Final Hourly Rate/Salary	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Date Employed From	Date Employed To
Address		Telephone w/area code
Job Title	Summarize Work Performance & Job Responsibilities	
Summarize Work Performance & Job Responsibilities (cont'd)		
Supervisor Name	Reason for leaving	
Starting Hourly Rate/Salary (OPTIONAL)	Final Hourly Rate/Salary	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Date Employed From	Date Employed To
Address		Telephone w/area code
Job Title	Summarize Work Performance & Job Responsibilities	
Summarize Work Performance & Job Responsibilities (cont'd)		
Supervisor Name	Reason for leaving	
Starting Hourly Rate/Salary (OPTIONAL)	Final Hourly Rate/Salary	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Employment Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

	High School	College / University	Graduate / Professional
School Name / Location	_____		
Years Completed	9 10 11 12	1 2 3 4 5 6	1 2 3 4 5 6
Diploma / Degree	_____		
Describe course of study	_____		
Describe any specialized training, apprenticeships, skills, extracurricular activities	_____		

Have you had any other job-related training? \_\_\_\_ Yes \_\_\_\_ No If yes, please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL SKILLS & QUALIFICATIONS**

Summarize special skills and qualifications acquired from employment or other experience \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State any other information you feel may be helpful to us in considering your application \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

	Name	Address	Telephone w/ area code
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Are you related to anyone on the Gertrude Salzer Gordon Children's Museum Board of Directors? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(A list is available upon request)

**APPLICANT'S STATEMENT**

*It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign anytime, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurance to the contrary.*

*I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.*

*The Employer is an equal opportunity employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.*

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_