

# Iowa Children's Museum Employment Application

1451 Coral Ridge Avenue, Coralville, IA 52241

Phone: 319-625-6255

Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone # \_\_\_\_\_  
E-mail address \_\_\_\_\_

Today's Date \_\_\_\_\_  
Position Requested \_\_\_\_\_  
Date Available \_\_\_\_\_  
Do you have work-study?    Yes    No

## Availability to Work

Monday \_\_\_\_\_  
Tuesday \_\_\_\_\_  
Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_  
Friday \_\_\_\_\_  
(required) Saturday \_\_\_\_\_  
(required) Sunday \_\_\_\_\_

Number of hours  
requested per week \_\_\_\_\_

## Education

	School Name	Location (city/state)	Graduation Date	Major
High School				
Undergraduate				
Graduate				
Other				

## Special Training

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> CPR/First Aid Training | <input type="checkbox"/> Education Background | <input type="checkbox"/> Dance/Drama Skills |
| <input type="checkbox"/> Computer Skills        | <input type="checkbox"/> Science Background   | <input type="checkbox"/> Art Skills         |
| <input type="checkbox"/> Foreign Language       | <input type="checkbox"/> Childcare Background | <input type="checkbox"/> Public Speaking    |
| <input type="checkbox"/> Management             | <input type="checkbox"/> Music Skills         | <input type="checkbox"/> Other _____        |

**Activities and Interests:** \_\_\_\_\_  
\_\_\_\_\_

**Work Experience**

Employer:	Dates Employed		Work Performed
Address:	From	To	
City, State, Zip:			
Phone No.:	Hourly Rate/Salary		
Supervisor:	Starting	Final	May we contact? Yes      No
Reason for Leaving:			
Employer:	Dates Employed		Work Performed
Address:	From	To	
City, State, Zip:			
Phone No.:	Hourly Rate/Salary		
Supervisor:	Starting	Final	May we contact? Yes      No
Reason for Leaving:			
Employer:	Dates Employed		Work Performed
Address:	From	To	
City, State, Zip:			
Phone No.:	Hourly Rate/Salary		
Supervisor:	Starting	Final	May we contact? Yes      No
Reason for Leaving:			

**Personal/Professional References** Please list three people other than relatives who would be willing to serve as references.

Name	Occupation	Phone Number	Relationship	Years Acquainted
1.				
2.				
3.				

I certify that the statements made in this employment application are true and correct and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release The Iowa Children’s Museum from any liability whatsoever for supplying such information. I give my consent to conduct a background check as part of the pre-screening process should the interview and selection process move forward.

Applicant’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_