

PORTLAND MUSEUM OF ART

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

The Portland Museum of Art provides equal opportunity in employment and promotions on the basis of merit without reference to or discrimination because of gender, age, race, color, religion, national origin, sexual orientation, physical or mental disability, or political or veteran status.

PERSONAL INFORMATION

DATE _____

NAME
LAST FIRST MIDDLE

PRESENT ADDRESS
STREET CITY STATE ZIP

PERMANENT ADDRESS
STREET CITY STATE ZIP

EMAIL ADDRESS _____

PHONE NO. _____ ARE YOU 18 YEARS OR OLDER? Yes No

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES No IF YES, PLEASE LIST DATE AND TYPE OF OFFENSE(S). CHECKING "YES" MAY NOT NECESSARILY PRECLUDE EMPLOYMENT.

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? Yes No

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

HAVE YOU EVER APPLIED TO OR BEEN EMPLOYED BY THE PORTLAND MUSEUM OF ART BEFORE? Yes No

IF YES, PROVIDE DETAILS: _____

ARE YOU A MEMBER OF THE FAMILY OR HOUSEHOLD OF ANY CURRENT MUSEUM EMPLOYEE? Yes No

IF YES, PROVIDE DETAILS: _____

REFERRED BY _____

EDUCATION	NAME AND LOCATION OF SCHOOL	* # OF YEARS ATTENDED	* DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL SKILLS _____

ACTIVITIES: (CIVIC, ATHLETIC, ETC.) _____

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____

EMPLOYMENT HISTORY (LIST BELOW LAST THREE EMPLOYERS STARTING WITH CURRENT OR MOST RECENT EMPLOYER)

EMPLOYER 1 (MOST RECENT) NAME AND ADDRESS OF EMPLOYER:	DATES EMPLOYED FROM: / MONTH / YEAR	POSITION:	SALARY:
		SUPERVISOR'S NAME:	
	TO: / MONTH / YEAR	REASON FOR LEAVING:	
EMPLOYER 2 NAME AND ADDRESS OF EMPLOYER:	DATES EMPLOYED FROM: / MONTH / YEAR	POSITION:	SALARY:
		SUPERVISOR'S NAME:	
	TO: / MONTH / YEAR	REASON FOR LEAVING:	
EMPLOYER 3 NAME AND ADDRESS OF EMPLOYER:	DATES EMPLOYED FROM: / MONTH / YEAR	POSITION:	SALARY:
		SUPERVISOR'S NAME:	
	TO: / MONTH / YEAR	REASON FOR LEAVING:	

WHICH OF THESE JOBS DID YOU LIKE BEST?

 WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: (GIVE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	BUSINESS	PHONE	YEARS ACQUAINTED

IN CASE OF EMERGENCY NOTIFY
 NAME ADDRESS PHONE NO.

"I CERTIFY THAT THE FACTS CONTAINED ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION ON ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE."

 SIGNATURE OF APPLICANT DATE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE _____

REMARKS:

NEATNESS: _____ ABILITY: _____ MEETS QUALIFICATIONS PER JOB DESCRIPTION: _____

HIRED: Yes No POSITION: _____

SALARY/WAGE _____ DATE REPORTING TO WORK _____

APPROVED: 1. _____ 2. _____ 3. _____
 DEPARTMENT HEAD SUPERVISOR DIRECTOR