HANFORD MILLS MUSEUM

EMPLOYMENT APPLICATION

Name:(Last)		(5: .)		(44:11)		
		(First)	(Middle)			
Address:(Street)		(City)	(Stat	te)	(Zip Code)	
,						
Telephone:(Area Co	de)		Liliali Addi ess	 		
Have you been convicted of a crime? The employer complies with N.Y.S. Correction Law: Article 23-A and does not unfairly discriminate against persons previously convicted of criminal offenses			☐ Yes ☐ No If yes, explain:			
Are you eligible to work in the United States?			☐ Yes ☐ No			
Have you previously worked for us?			☐ Yes ☐ No If yes, what position and when?			
EDUCATION						
Type of School	Name and Locati	ion	Course of Study	Number of Years	Degree, Diploma, Certificate, ar Honors Received	
High School						
College/University						
Other Education						
	TORY (List Most Re	cent First)				
EMPLOYMENT HIS	TORY (List Most Re					
EMPLOYMENT HIS I. Name of Employer Address:	: -				Phone:	
EMPLOYMENT HIS I. Name of Employer	:			Code)	Phone:	
EMPLOYMENT HIS I. Name of Employer Address: (Street)	: -	y)	(State) (Zip	Code)	Phone:	
I. Name of Employer Address: (Street) Supervisor and Title	:(City	y)	(State) (Zip	Code) our Title:		
EMPLOYMENT HIS I. Name of Employer Address: (Street) Supervisor and Titl Employed From	e:	y)	(State) (Zip Your Starting Salary:	Code) our Title:	Phone: Ending Salary:	
EMPLOYMENT HIS I. Name of Employer Address: (Street) Supervisor and Titl Employed From If this is current emp	e: to	them for a re	(State) (Zip Yo Starting Salary: ference? □ Yes	our Title:	Ending Salary:	
EMPLOYMENT HIS I. Name of Employer Address: (Street) Supervisor and Titl Employed From If this is current employed Performed:	e:totootooloyer, may we contact i	y) them for a re	(State) (Zip Yo Starting Salary: ference? □ Yes	our Title:	Ending Salary:	
EMPLOYMENT HIS I. Name of Employer Address: (Street) Supervisor and Titl Employed From If this is current employed Performed: Reason for Leaving	e: to bloyer, may we contact is:	them for a re	(State) (Zip Yo Starting Salary: ference? □ Yes	our Title:	Ending Salary:	
EMPLOYMENT HIS I. Name of Employer Address: (Street) Supervisor and Titl Employed From If this is current employer Work Performed: Reason for Leaving 2. Name of Employer	e:to bloyer, may we contact is:	them for a re	(State) (Zip Yo Starting Salary: ference? □ Yes	our Title:	Ending Salary:	
EMPLOYMENT HIS I. Name of Employer Address: (Street) Supervisor and Titl Employed From If this is current employer Work Performed: Reason for Leaving 2. Name of Employer Address: (Street)	e:to: _:toto: :to: :to(City	them for a re	(State) (Zip Yo Starting Salary: ference? □ Yes (State) (Zip	Code) Dur Title: No Code)	Ending Salary:Phone:	
EMPLOYMENT HIS I. Name of Employer Address: (Street) Supervisor and Titl Employed From If this is current employer Work Performed: Reason for Leaving 2. Name of Employer Address: (Street)	e:to bloyer, may we contact is:	them for a re	(State) (Zip Yo Starting Salary: ference? □ Yes (State) (Zip	Code) Dur Title: No Code)	Ending Salary:Phone:	
EMPLOYMENT HIS I. Name of Employer Address:	e:to: _:toto: :to: :to(City	them for a re	(State) (Zip Yo Starting Salary: ference? □ Yes (State) (Zip Yo	Code) Dur Title: No Code)	Ending Salary: Phone:	
EMPLOYMENT HIS I. Name of Employer Address:	(City e: to coloyer, may we contact is : : (City e: to	them for a re	(State) (Zip Yo Starting Salary: ference? □ Yes (State) (Zip Yo Starting Salary:	Code) Dur Title: No Code) Our Title:	Ending Salary:	

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EMPLOYMENT APPLICATION

		LIVII LO I		LICATION	
3.	Name of Employer:				
	Address:				Phone:
	(Street)	(City)	(State)	(Zip Code)	
	Supervisor and Title:			Your Title:_	-
	Employed From	to	Starting S	alary:	Ending Salary:
	Work Performed:				
	Reason for Leaving:				
		of three professional	·		oyment history rence in the space below
RE	FERENCES	or <u>three professional</u>	references and	u <u>one personar</u> reie	rence in the space below
	Name	Relationship		Daytime Phone	Home Phone
۸	KNOWLEDGEMENTS				
	d each statement carefully b	ooforo signing			
	·				
	rtify that all information provided ualify me from further considera				hat any false information or omission ma later date.
prev		nd organizations named in	this application to	provide relevant inforr	rson, school, current employer (except a mation and opinions that may be useful i atements.
l un	derstand that verification of my e	eligibility to work in the Ur	nited States must b	e satisfied at the time of	hire.
	derstand that if I am extended loyment requirements set by HN				ment is contingent on completion of a
NO AT	R GUARANTEE EMPLOYMENT	t for any definite p York state law and	ERIOD OF TIME. O MY EMPLOYME	IF EMPLOYED. I UND NT MAY BE TERMINA	ATE A CONTRACT OF EMPLOYMEN' ERSTAND THAT I HAVE BEEN HIREE FED BY HANFORD MILLS MUSEUM OF
I ha	ve read, understand and by my si	gnature consent to these s	statements.		

Date:____

Applicant Signature:____