



**DISCOVERY**  
SCIENCE CENTER

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## Employment Application

*Discovery Science Center is an Equal Opportunity Employer*

**Please Print**

\_\_\_\_\_

Date                      Last Name                      First Name                      Middle

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Present Address**

\_\_\_\_\_

No. & Street                      City                      State                      Zip

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_      ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_      ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Business Phone                      Home Phone                      Cell Phone

**Employment Desired**

Position Applying for: \_\_\_\_\_

Are you applying for:

Regular full-time work? ..... ( ) Yes ( ) No

Regular part-time work? ..... ( ) Yes ( ) No

Temporary work, e.g. summer or holiday work?..... ( ) Yes ( ) No

What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, what period of time will you be available?

From \_\_\_\_\_ To \_\_\_\_\_

Are you available to work weekends? ..... ( ) Yes ( ) No

**Employment Application (Continued)**

Would you be available to work overtime if necessary? ..... ( ) Yes ( ) No

If hired, on what date could you start work? ..... \_\_\_\_\_

**Personal Information**

Have you ever applied to or worked for Discovery Science Center before? ..... ( ) Yes ( ) No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for Discovery Science Center? ..... ( ) Yes ( ) No

If yes, state name(s) and relationship:

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

Salary Desired:

\_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? .... ( ) Yes ( ) No

Are you at least 18 years old? ( If under 18, hire is subject to verification that you are of minimum legal age.) ..... ( ) Yes ( ) No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? ..... ( ) Yes ( ) No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? ..... ( ) Yes ( ) No

If no, describe the functions that cannot be performed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment Application (Continued)**

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination and to skill and agility tests)

If hired, you will be required to submit to a live-scan fingerprinting. Do you have any objections?  
( ) Yes ( ) No

Have you ever been convicted of a criminal offense ( felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed).  
( ) Yes ( ) No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

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(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position (s) applied for may, however, be considered).

Are you currently employed? ..... ( ) Yes ( ) No

If so, may we contact your current employer? ..... ( ) Yes ( ) No

**Education, Training and Experience**

School	Name And Address	No. of years Completed	Did you Graduate?	Degree Or Diploma
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**High School**

\_\_\_\_\_ ( ) Yes ( ) No \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

**Employment Application (Continued)**

**College / University** \_\_\_\_\_ ( ) Yes ( ) No \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

**Vocational / Business** \_\_\_\_\_ ( ) Yes ( ) No \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

**Health Care Training** \_\_\_\_\_ ( ) Yes ( ) No \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

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Many of our customers do not speak English. Do you speak, write or understand any foreign languages?

..... ( ) Yes ( ) No

If yes, which language(s)? \_\_\_\_\_

Do you have any other experience, training, qualifications, or skills which you feel make you especially suited for work at the Discovery Science Center?

..... ( ) Yes ( ) No

If so, please explain:

**Employment Application (Continued)**

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**Employment History**

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

\_\_\_\_\_  
Name of Employer (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Type of Business Your Supervisors Name

\_\_\_\_\_  
Address & Street City State Zip

Dates of Employment: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference? ..... ( ) Yes ( ) No

\_\_\_\_\_  
Name of Employer (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Type of Business Your Supervisors Name



**Employment Application (Continued)**

\_\_\_\_\_  
Name of Employer (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Type of Business Your Supervisors Name

\_\_\_\_\_  
Address & Street City State Zip

Dates of Employment: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

\_\_\_\_\_  
May we contact this employer for a reference? ..... ( ) Yes ( ) No

\_\_\_\_\_  
Attach additional page(s) if necessary.

**Military Service**

Have you obtained any special skills or abilities as the result of service in the military?

( ) Yes ( ) No

If so, describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment Application (Continued)**

**References**

List below three persons not related to you who have knowledge of your work performance within the last three years.

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Address & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
No. of Years Acquainted

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Address & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
No. of Years Acquainted

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Address & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
No. of Years Acquainted

**Employment Application (Continued)**

**Please read carefully. Initial each paragraph and sign below**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize Discovery Science Center to thoroughly investigate my references, work record, education, credit history and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Discovery Science Center any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Discovery Science Center, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Discovery Science Center. In addition, I understand and agree that if I am employed, my employment is at will for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no or representations contrary to the foregoing are binding on the Discovery Science Center unless made in writing and signed by me and the Discovery Science Center's designated representative.

\_\_\_\_\_ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Discovery Science Center, I am entitled to copies of any such public records obtained by the Discovery Science Center unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

(     ) I waive receipt of a copy of any public record described in the paragraph above.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature