



Armstrong Air & Space Museum

EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, marital, or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Position Applied For: _____ Application Date: _____

First Name _____ Last Name _____

Street Address _____ City _____ State _____ Zip Code _____

() _____ @ _____

Preferred Phone _____ Email _____

EMERGENCY PURPOSES

In case of emergency, illness, etc., whom shall we contact?

() _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip Code _____ Relationship _____

Referral Source:

Advertisement Employment Agency – Name: _____

Walk-In Museum Employee – Name: _____

	Name & Location	Major	Degree	GPA
High School				
College				
Other				

Extracurricular Activities: _____

Honors & Scholarships: _____

Language(s)	Read	Spoken	Written



REFERENCES

	Name & Title	Company	Address	Phone
1.				
2.				

1. If employed and your are under 18, can you furnish a work permit? Yes No
2. Have your eve filed an application before? Yes No
3. Have your ever been employed by the Museum before? Yes No
4. Are you employed now? Yes No
5. Are you on a lay-off and subject to recall? Yes No
6. Can you travel if a job requires it? Yes No
7. Are you either a citizen of the United States or an alien lawfully permitted to work in the United States? Yes No
 - a. If no, all newly hired employees will need to prove eligibility to work in the United States.

APPLICANT’S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

If employment relationship is established, I understand that such employment is terminable at will, by either myself, or the Association, at any time, for any reason. I also understand that any period of employment is not for a specific duration. In addition, I understand that no Association representative has the authority to make any oral or written agreements which are contrary to the foregoing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I agree that any claim or lawsuit relating to my service with the Armstrong Air and Space Museum Association or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I expressly agree to waive any statute of limitations to the contrary. understand that if I become an employee of the Armstrong Air and Space Museum Association at any time in the future, this application of employment will become a pan of my official employment record. further acknowledge that the Association will be relying on the information contained in this application in any hiring decisions and that I am contractually bound by the terms contained herein.

Signature

Date