APPLICATION FOR EMPLOYMENT

Bergstrom-Mahler Museum Inc. is an equal opportunity employer and do not discriminate against otherwise qualified applicants on the basis of race, color, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Last , First		MI	Email Address	
Street Address	City	ST	Zip	Home Phone
Position sought		__ FT __ PT		Salary Desired
Are you legally eligible for employment in the United States? ___ Yes ___ No		Are you over 18 years old? ___ Yes ___ No		*(If offered employment, you will be required to provide documentation to verify eligibility.)*
Do you possess a valid Wisconsin driver's license or a valid driver's license from another state? ___ Yes ___ No		Date Available _____/_____/____		Number of hours available to work per week? _____

EDUCATION: **Please indicate education or training white you believe qualifies you for the position you are seeking.**

High School

Number of Years Completed (circle one)	1 2 3 4	Diploma	G.E.D.	School(s)	City/State

College and/or Vocational School

Number of Years Completed (circle one)	1 2 3 4	Major	Degrees Earned	School(s)	City/State
Number of Years Completed (circle one)	1 2 3 4	Major	Degrees Earned	School(s)	City/State

Other Training or Degrees:	Course(s)	Degree/Certificate Earned
	School(s)	City/State
Professional License or Membership:	Type of License(s) Held	Other Professional Memberships

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

EMPLOYMENT : List last employer first, including U.S. Military Service

May we contact your present employer? ___ Yes ___ No	If any employment was under a different name, indicate here:

Employer	Address			Telephone
Position	Dates of Employment: From _____ To_____			Supervisor
Department	Duties	__ FT __ PT	Number of hours: _____	Reason for Leaving
Employer	Address			Telephone
Position	Dates of Employment: From _____ To_____			Supervisor
Department	Duties	__ FT __ PT	Number of hours: _____	Reason for Leaving

Employer	Address			Telephone
Position	Dates of Employment: From _____ To_____			Supervisor
Department	Duties	__ FT __ PT	Number of hours: _____	Reason for Leaving

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Explain any gaps in work history:	
Have you ever been discharged or asked to resign from a job? __ Yes __ No	If yes, explain:

REFERNCES

Professional	**Personal**
Name	Name
Address	Address
Phone (___)	Phone (___)
Name	Name
Address	Address
Phone (___)	Phone (___)
Name	Name
Address	Address
Phone (___)	Phone (___)

CERTIFCATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Bergstrom-Mahler Museum to verify their accuracy and to obtain reference information on my work performance. I hereby release Bergstrom-Mahler Museum from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment for the Employer. However, I further understand that neither policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

_____ _____

Signature of Applicant Date