

Job Application Form

WonderLab Museum of Science, Health and Technology

Job(s) For Which You Are Applying: _____

Date of Application: _____ First Available Date to Begin Work: _____

Contact Information

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ Daytime Evening Cell

E-mail Address: _____

General Information

Can you show proof of your eligibility to work in the United States? Yes No

Are you the minimum working age of 18-years-old or older? Yes No

The WonderLab building and grounds are smoke-free environments. Can you adhere to this policy? Yes No

Are you a WonderLab volunteer? Yes, Now Yes, in the Past No

Have you ever been employed before by WonderLab? Yes No If yes, specify job held and dates of employment.

Do you have friends or relatives already employed by WonderLab? Yes No

If yes, list them and indicate relationship.

If you answer "yes" to any of the following three questions, please explain in space provided on page 4:

Are you currently charged with or have you ever been convicted of any crime, or has your driver's license been suspended? Yes No

Have you ever been suspended or discharged from employment? Yes No

Education, Beginning With Most Recent

Year(s)	School	Degree and Major	Did You Graduate?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment History, Beginning With Most Recent

Job Title: _____ **Employed From** _____ **To** _____

Responsibilities: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Telephone:(_____) _____ Supervisor: _____

May WonderLab Contact This Employer? Yes No (Please provide reason in space provided on page 4)

Job Title: _____ **Employed From** _____ **To** _____

Responsibilities: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Telephone:(_____) _____ Supervisor: _____

May WonderLab Contact This Employer? Yes No (Please provide reason in space provided on page 4)

Job Title: _____ **Employed From** _____ **To** _____

Responsibilities: _____

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Employer: _____

Address: _____

Telephone:(_____) _____ Supervisor: _____

May WonderLab Contact This Employer? Yes No (Please provide reason in space provided on page 4)

Special Skills

Describe special skills, experiences, qualifications or accomplishments.

Describe your computer proficiency. List specific software and your level of experience using it.

References

Provide three non-family references and indicate their relationship to you (e.g., employer, teacher, etc.). Each person listed should directly mail a letter of reference to WonderLab at the address provided on page 4.

Name: _____ Relationship to You: _____

Address: _____

Daytime Telephone:(_____) _____ E-mail: _____

Name: _____ Relationship to You: _____

Address: _____

Daytime Telephone:(_____) _____ E-mail: _____

Name: _____ Relationship to You: _____

Address: _____

Daytime Telephone:(_____) _____ E-mail: _____

Statement of Understanding

I certify that the statements made in this application are correct and complete to the best of my knowledge. I understand that false, omitted or misleading information may result in rejection of this application or termination of subsequent employment. With the possible exception as indicated on page 2 of this application, I understand that WonderLab may investigate all statements made on my application and release from liability former employers, institutions or persons providing such information to WonderLab.

If accepted for employment with WonderLab, I agree to abide by all of its rules, regulations, policies and procedures. If employed, I understand that I may terminate my employment at any time without notice or cause, and that WonderLab may terminate or modify the employment relationship at any time without prior notice or cause. If employed, I understand that my employment is for no definite period of time and if terminated, WonderLab is liable only for wages and benefits earned as of the date of termination.

Your Signature: _____ Date: _____

WonderLab is an equal opportunity employer and considers applicants for all positions without regard to race, religion, gender, national origin, age, ancestry, sexual orientation, marital or veteran status, disability or any other legally protected status.

Attach Resume And Any Other Relevant Materials.

Mail To:

WonderLab Museum of Science, Health and Technology
P.O. Box 996
Bloomington, IN 47402-0996

Space below intentionally left blank for use of applicant to provide details on answers to application questions.