



WORK-STUDY EMPLOYMENT APPLICATION

Please Print Clearly

GENERAL INFORMATION

Today's Date: _____

Name: _____
Last First Middle

I like to be called: _____ Male _____ Female _____

Bloomington Address: _____

City: _____ State: _____ Zip Code: _____

Email Address (Print Clearly): _____

Home Phone: (_____) _____ Business Phone: (_____) _____

Cell: (_____) _____ Other Phone: (_____) _____

I prefer to receive calls at (check all that apply): home work cell other

Date of Birth: ____ - ____ - ____ Social Security #: ____ - ____ - ____
mm dd yy

EDUCATION

Major or area of concentration: _____ Year in School: _____

Do you qualify for work-study funds? Yes No Not Sure

Do you have a reliable way to get to the museum? Yes No

How?

WORK EXPERIENCE

Beginning with most recent:

Job Title: _____ Employed from _____ to _____

Responsibilities: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Phone: (_____) _____ Supervisor: _____

May WonderLab Contact This Employer? Yes No (Please provide reason in space provided on page 3)

CRIMINAL HISTORY

Other than a minor traffic offense, have you ever been convicted of a crime or released from prison in the last seven years? Yes No

If yes, please explain in full:

REFERENCES

Provide two non-family references and indicate their relationship to you (e.g., employer, teacher, etc.)

Name: _____ Relationship to you: _____

Address: _____

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

Name: _____ Relationship to you: _____

Address: _____

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

EMERGENCY CONTACTS

Name: _____ Relationship to you: _____

Telephone: Home(_____) _____ Work(_____) _____ Cell Phone(_____) _____

Address: _____

Name: _____ Relationship to you: _____

Telephone: Home(_____) _____ Work(_____) _____ Cell Phone(_____) _____

Address: _____

STATEMENT OF UNDERSTANDING

I certify that the information in this application is true and correct and complete to the best of my knowledge. I authorize WonderLab to verify any and all information I provided by contacting appropriate sources. By signing below, I voluntarily give permission for WonderLab to perform a background check to protect visitors, volunteers, and staff. I also agree to abide by WonderLab's standards of behavior as stated in the employee/intern handbook.

Applicant's signature _____ Date _____

RETURN THIS APPLICATION AND RESUME TO:

WonderLab Work-Study Program
PO Box 996
Bloomington, IN 47402-0996
Phone: (812) 337-1337 Ext: 21
Fax: (812) 330-1337