

Phoenix Art Museum

1625 North Central Avenue Phoenix, AZ. 85004-1685 (602) 257-1880 www.phxart.org

APPLICATION FOR EMPLOYMENT

Phoenix Art Museum is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, religion, sex, national origin, sexual orientation, age, disability, status as a Vietnam-era or special disabled veteran, or any other legally protected status. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

PERSONAL INFORMATION	Date			Social	Security	y #			
Name									***
(Last) Present address	(First)		(Mi	ddle)			(Form	ier)	
(Street)			Referi	(City) red <u>by:</u>			(State)		(Zip)
E-mail:				Are you 18	years of	age or	older?	yes	no
EMPLOYMENT DESIRED					1		Ļ		
Position applying for		Date available				Salar	y desired		
Are you employed now? yes no			N	lay we contac	t your p	resent	employer	? Yes	No
Have you applied to Phoenix Art Museum bet	ore? `	Ye <u>s</u> No		When?					
Can you provide documents which establish If not, do you have a work permit or alien regis Note: Documents which establish work auth Have you ever been convicted of a felony? Are you restricted as to what days of work or If yes, please describe your restrictions:	stration o	ard which allows	s you to	o legally work i			tates?	☐ Yes	S □ No
EDUCATION			T	No. of years attended	Grad	duated s/No	Subje studi	ects	Grade average
High School Name Location Are you presently in a work study program? –									-
College or University Name Location									
Business or Trade School Name Location									
GENERAL _Job_related_skills_(typing, driver's license, et	c.)								
Subjects of special study or research work									
Why would you like to work at Phoenix Art	Museum	?							

			EMPLOYMENT H	HISTORY				
F	Please list all fu	ll-time and part-t (Use	time jobs, giving last jo additional sheet of pap	ob first. Please include per if necessary).	e all military service.			
Name of company	,			City	State	Zip		
Job held		Supervisor		Phone	<u> </u>			
Date started Date left		Rate of pay	Reason for	leaving				
May we contact yo May we contact yo	•			no				
Name of company		Address		City	State	Zip		
Job held			Supervisor		Phone			
Date started	started Date left		Rate of pay	Reason for	leaving			
May we contact thi	is employer?	yes no						
Name of company		Address		City	State	Zip		
Job held			Supervisor		Phone	Phone		
Date started	Date le	ft	Rate of pay	Reason for	leaving			
May we contact thi	is employer?	ves no						
In signing this ap by the undersign of employment o		mt agrees that all mplete and that a employment.	information printed here I ny misinterpretation, fals					
T			PPLYING WITE BELOW THIS LI			М		
Interviewed by				Date				
Remarks								
Hire date				Salary/Wages _				
Department								
Position								