



## EMPLOYMENT HISTORY

List most recent position first. List complete employment history for at least the past 5 years. Use additional paper as needed.

<b>1</b>	Current/ Most Recent Employer:		Type of Business	Phone Number ( )
	Address		Employed (Month and Year) From To	
	Supervisor	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Employed <input type="checkbox"/> Full-Time <input type="checkbox"/> Part Time
	Position Held		Wages Starting	Ending
	Responsibilities		Reason for leaving <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary _____	

<b>2</b>	Current/ Most Recent Employer:		Type of Business	Phone Number ( )
	Address		Employed (Month and Year) From To	
	Supervisor	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Employed <input type="checkbox"/> Full-Time <input type="checkbox"/> Part Time
	Position Held		Wages Starting	Ending
	Responsibilities		Reason for leaving <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary _____	

<b>3</b>	Current/ Most Recent Employer:		Type of Business	Phone Number ( )
	Address		Employed (Month and Year) From To	
	Supervisor	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Employed <input type="checkbox"/> Full-Time <input type="checkbox"/> Part Time
	Position Held		Wages Starting	Ending
	Responsibilities		Reason for leaving <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary _____	

### APPLICANT'S STATEMENT

IMPORTANT – READ BEFORE SIGNING

I certify that the statements I have made in this application are true and complete and authorize investigation of all statements contained in this application. I authorize my previous employers and other persons to report information related to my employment to Minnesota Children's Museum.

I understand and agree that if the information I have provided is untrue or that I have failed to disclose a material fact, any offer of employment by Minnesota Children's Museum may be withdrawn. If already employed, I may be subject to immediate dismissal from Minnesota Children's Museum. In such event, the withdrawal of any offer of employment made to me, or the termination of my employment shall be with out any obligation or liability to me by Minnesota Children's Museum, other than for payment for wages at the rate agreed upon for work I have actually performed for Minnesota Children's Museum.

If I become employed by Minnesota Children's Museum, I understand that my employment is "at will" and I have the right to terminate my employment at any time, for any reason, and Minnesota Children's Museum has the right to terminate my employment at any time, for any reason, without notice. I further agree that no promises have been made to me by anyone from Minnesota Children's Museum, which are inconsistent with the above and that no promises, representations, or guarantees concerning the terms of any employment offered to me by Minnesota Children's Museum are binding upon Minnesota Children's Museum unless made in writing and signed by an authorized representative of Minnesota Children's Museum.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_