

EMPLOYMENT APPLICATION

The Maine Discovery Museum is an Equal Opportunity Employer providing equal opportunity at all times without regard to race, color, religion, sex, gender identity or expression, sexual orientation, age, national origin, disability, genetic information, veteran status or any other basis protected by applicable federal, state or local law.

First Name _____ Last Name _____ Date _____

Phone Number (____) _____ Email _____

Street Address _____ City _____ State ____ ZIP _____

Desired Position _____ Desired Hourly Pay \$ _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis?

Yes No

Have you ever been employed by the Maine Discovery Museum?

Yes No When? _____

Have you ever worked in an educational capacity? Yes No

When? _____

Where? _____

Have you ever worked for a non-profit?

Yes No

When? _____

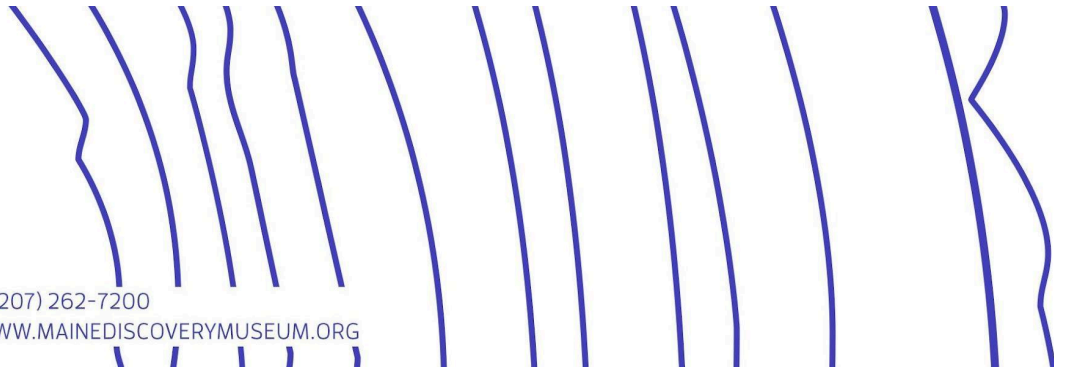
Where? _____

Have you ever been convicted of a felony? If yes, please describe the conditions. (This will not necessarily affect your application.)

Yes No

MAINE DISCOVERY MUSEUM

74 MAIN STREET, BANGOR, MAINE 04401 | (207) 262-7200
INFO@MAINEDISCOVERYMUSEUM.ORG | WWW.MAINEDISCOVERYMUSEUM.ORG



WORK AVAILABILITY

Are you presently employed? Yes No

What type of work are you looking for? Seasonal (summer) Year-round Full-time Part-time

Desired Start Date _____ Desired End Date (Seasonal Staff) _____

Please show availability (not applicable for summer camp staff!)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

SUMMER MUSEUM HOURS: MONDAY-SUNDAY: 10:00 AM -5:00 PM
SUMMER CAMP HOURS: MONDAY- FRIDAY 7:30/8 AM - 4/4:30 PM

REFERENCES

List three references, not related to you, who have known you for more than one year.

1) Name: _____ Relationship: _____

Phone: (____) _____ Email: _____ Years Known: _____

2) Name: _____ Relationship: _____

Phone: (____) _____ Email: _____ Years Known: _____

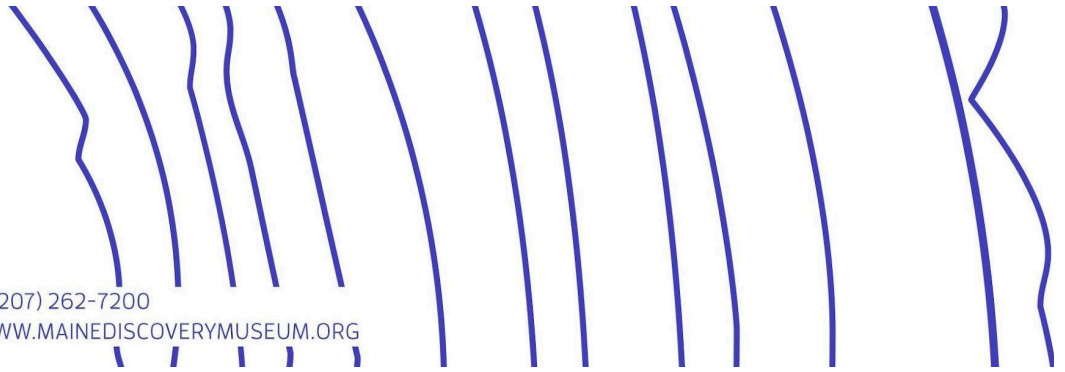
3) Name: _____ Relationship: _____

Phone: (____) _____ Email: _____ Years Known: _____

EMERGENCY CONTACT

In case of emergency, please notify:

Name _____ Phone (____) _____



EDUCATION

School Name and Location/ Years/ Major-Degree (Graduation date month and year or anticipated)

High School _____

College _____

College _____

Post-College _____

Additional Education, Trades and Training

EMPLOYMENT (Start with most recent employer) Please attach resume or CV with this application as well*

1) Company Name _____ Address _____
Name of Supervisor _____ May we contact? Yes No
Date Started _____ Date Ended _____ Ending Position _____
Responsibilities:

Reason for leaving:

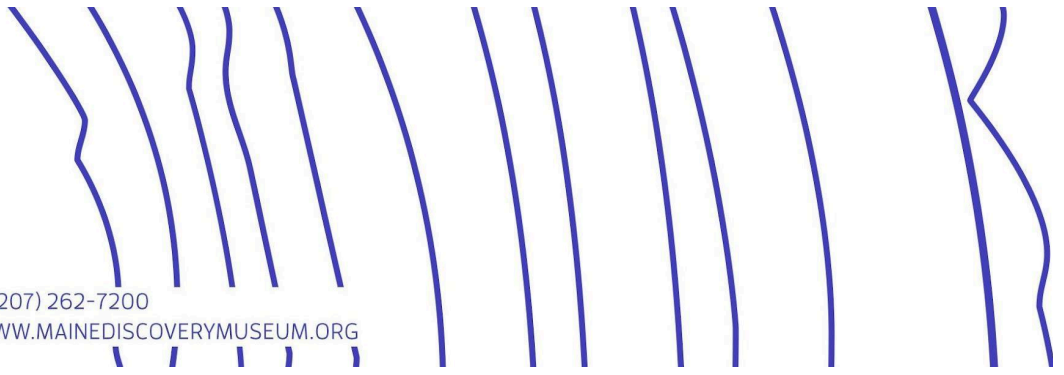
2) Company Name _____ Address _____
Name of Supervisor _____ May we contact? Yes No
Date Started _____ Date Ended _____ Ending Position _____
Responsibilities:

Reason for leaving:

3) Company Name _____ Address _____
Name of Supervisor _____ May we contact? Yes No
Date Started _____ Date Ended _____ Ending Position _____
Responsibilities:

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Reason for leaving:

- 4) Company Name _____ Address _____
Name of Supervisor _____ May we contact? Yes No
Date Started _____ Date Ended _____ Ending Position _____
Responsibilities:

Reason for leaving:

Why do you want to work at the Maine Discovery Museum?

Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application. I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that the Maine Discovery Museum and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with the Maine Discovery Museum, I will comply with all rules and regulations as set by the museum in any communication distributed to the employees. In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. **I understand that employment at the Maine Discovery Museum is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute.**

I hereby acknowledge that I have read and understand the above statements.

Signature _____ Date _____

The mission of Maine Discovery Museum is to educate children and families, encourage creativity, nurture a sense of wonder, and to challenge all to learn in new and innovative ways. Exhibits and programs will be fun, interactive and thought provoking, and will encourage participation by children and families of all abilities and socioeconomic backgrounds. As a unique community resource, the museum will provide opportunities for exploration and discovery that incorporate aspects of Maine into a greater understanding of the world in which we live.