



Engaging Curious Minds.

WISE WONDERS CHILDREN'S MUSEUM EMPLOYEE APPLICATION

Qualified applicants are considered for employment without regard to race, color, religion, gender, national origin, age, mental or physical disabilities, marital status, veteran status, sexual orientation, gender identity and/or expression, genetic information, or any characteristic protected by applicable law. All employment decisions shall be consistent with the principles of equal opportunity employment. Accommodations to enable all individuals to participate in the application process may be provide upon advance request.

PLEASE ANSWER ALL QUESTIONS - PLEASE PRINT

Name (Last, First, Middle):

Aliases:

Current address:

City:

State:

ZIP Code:

Email:

Phone:

Position Applied For:

Status Desired: Full Time Part Time Temporary

Date Available for Work (MM/DD/YYYY):

Are you willing to work weekends/evenings? Yes No

Are you at least 18 of age or older? Yes No

License Plate State and Number:

Have ever applied for a job at Wise Wonders before? Yes No

Are you eligible to be lawfully employed in the United States (proof of citizenship or immigration status will be required upon employment)? Yes No

Have you ever been convicted of a felony? Conviction of crime does not automatically disqualify you from employment. Yes No

If yes, please explain:

EMPLOYMENT EXPERIENCE

List each job held. Start with your most recent employment. Include military service and volunteer activities.

Organization 1:

Job Title:

Reason for Leaving:

Supervisor Name:

Supervisor Phone:

May we contact this supervisor? Yes No

Employment Dates (MM/DD/YY - MM/DD/YYYY):

Organization 2:

Job Title:

Reason for Leaving:

Supervisor Name:

Supervisor Phone:

May we contact this supervisor? Yes No

Employment Dates (MM/DD/YY - MM/DD/YYYY):

Organization 3:

Job Title:

Reason for Leaving:

Supervisor Name:

Supervisor Phone:

May we contact this supervisor? Yes No

Employment Dates (MM/DD/YY - MM/DD/YYYY):

110 North 29th Street, Billings, MT 59101

(406) 702 - 1280 www.wisewonders.org

Organization 4:		
Job Title:		Reason for Leaving:
Supervisor Name:		Supervisor Phone:
May we contact this supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Employment Dates (MM/DD/YY - MM/DD/YYYY):
GAPS IN EMPLOYMENT Please explain any gaps in employment exceeding 3 months.		
Date:		Reason:
Date:		Reason:
Date:		Reason:
EDUCATION		
Name of School	Course of Study	Date of Graduation/Degree Received
REFERENCES Please list no less than 3 professional references for us to contact.		
Name/Title		Phone Number/Email
1.		
2.		
3.		
PRE-EMPLOYMENT STATEMENT		
<p>I represent that my responses set forth in this application are truthful, accurate, and complete. Any and all false or inaccurate statements made by me in this Application or otherwise during the employment evaluation process shall be grounds both for rejecting my Application for employment, and, should I be hired by Wise Wonders Children's Museum, termination of my employment.</p> <p>I authorize representatives of Wise Wonders Children's Museum to contact educational institutions, state and federal agencies (to conduct driving record checks and criminal history record checks) and employers designated in this Application for purposes of verifications and investigation of my educational, criminal record and driving record, and employment background and performance. Such individuals and organizations are authorized to release such information as may be requested by a Company representative. I hereby release all such persons from liability or damages incurred as a result of furnishing such information. I understand that an unsatisfactory reference shall be grounds both for rejecting my Application for employment and, should I be hired by Wise Wonders Children's Museum, termination of my employment. Should I be employed by Wise Wonders Children's Museum, I understand that I could be subject to an outside probe if accused of wrongdoing. Please be aware that Wise Wonders Children's Museum is required to report New Hire information to the State of Montana New Hire Reporting System within 20 days of the date of hire and for Montana employees to Montana Employment Security within 20 days of hire. Wise Wonders Children's Museum complies with this legal requirement.</p> <p>I certify that I am neither suspended nor excluded from participation in Medicare or state health programs under provisions of sections 1128 or 1156 of the Social Security Act.</p> <p>Wise Wonders Children's Museum desires to maintain a safe and healthy working environment for the benefit of all employees. Where there is a reasonable question as to whether or not I can safely perform the duties of my job due to my physical or mental condition, Wise Wonders Children's Museum shall have the right to require that I submit to physical or mental examinations for purposes of receiving medical confirmation that I can safely perform the duties of my job. Any and all such examinations shall be for job-related purposes only and shall be performed by a medical advisor or advisors selected and paid for by Wise Wonders Children's Museum. I hereby release all such information to Wise Wonders Children's Museum and waive any right of confidentiality.</p> <p>Submission of the application does not entitle me to be interviewed by Wise Wonders Children's Museum. Further, nothing in this Application or in the employment evaluation process shall be construed as either an offer of employment or an obligation on the part of Wise Wonders Children's Museum to provide any benefit to me. This Application shall be pending, unless withdrawn by me, until Wise Wonders Children's Museum makes a decision on whether or not to hire me or until the 30th day after submission of this Application to Wise Wonders Children's Museum, whichever occurs first. If no action is taken on my Application within a 30-day period, I understand that I must re-apply to Wise Wonders Children's Museum in order to be considered for employment. Should I be employed by Wise Wonders Children's Museum, I agree to comply with any and all employment rules and policies of Wise Wonders Children's Museum.</p> <p>After reading all of the terms of this Application, I hereby affirm that I understand and agree to the provisions of the same. I also agree that my employment with Wise Wonders Children's Museum is on an "at-will" basis, meaning that such employment may be permanently discontinued either by Wise Wonders Children's Museum (through discharge or layoff) or myself through voluntarily quitting at any time without notice and without recourse of any kind by either party. I expressly agree and understand this is the entire agreement between Wise Wonders Children's Museum and me on the subject of discharge, termination and/or layoff, and it may be changed only by an agreement in writing signed by the President of the Company. I agree to conform to Wise Wonders Children's Museum's rules and I also agree that I shall be subject to other conditions, which Wise Wonders Children's Museum may adopt. I affirm the information in this Application is true and complete, and any intentional deception herein may be considered sufficient cause for dismissal.</p>		
Signature:		Application Date: