



AIR FORCE MUSEUM FOUNDATION, INC.

APPLICATION FOR EMPLOYMENT

Our policy is to provide equal opportunity in employment to all qualified persons. No person will be discriminated against in employment on the basis of race, color, gender, sexual orientation, age, religion, disability, veteran's status or national origin, or any other characteristic protected by applicable federal or state law.

General

Last Name _____ First Name _____ Middle Name _____

Street Address _____

City _____ State _____ Zip _____ Telephone _____

Email Address _____ Gender _____ Date of Birth _____ Place of Birth _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? Yes No

(You may be required to provide documentation.)

Position applying for _____ How did you hear about this opening? _____

When can you start? _____ Lowest rate of pay you will accept _____

Are you willing to accept seasonal/part-time employment? Yes No

The National Museum of the USAF is open seven days a week. Can you work any day/hour?

Have you ever been convicted of a felony? (This will not necessarily affect your application.) Yes No

If yes, please describe conditions. _____

Education

	School Name and Location	Year Graduated	Major	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Post-College	_____	_____	_____	_____
Other Training	_____	_____	_____	_____

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

Have you ever served in any (active or reserve) branch of the military service? Yes No

If so, list all dates, branch, service number and date of discharge _____

Employment History (Start with most recent employer)

Company Name _____ Dates of Employment _____
Address _____ Telephone _____
Position _____ Name of Supervisor _____ May we contact? Yes No
Responsibilities _____
Reason for leaving _____

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Address _____ Telephone _____
Position _____ Name of Supervisor _____ May we contact? Yes No
Responsibilities _____
Reason for leaving _____

Company Name _____ Dates of Employment _____
Address _____ Telephone _____
Position _____ Name of Supervisor _____ May we contact? Yes No
Responsibilities _____
Reason for leaving _____

Have you ever been employed in a supervisory capacity? Yes No
If so, with what company? _____ If so, how many employees did you supervise? _____
Have you ever been fired or discharged from a job? Yes No
If so, please give reason for dismissal _____

Who should be notified in case of an accident or emergency?
Name _____ Relationship to Employee _____ Telephone _____

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that it is the policy of the Air Force Museum Foundation that all employees are employed at the will of the Foundation for an indefinite period. Employees are employed at the will of the Foundation and are subject to termination at any time, for any reason, with or without cause or notice. At the same time, these employees may terminate their employment at any time and for any reason. No Foundation representative is authorized to modify this policy for any employee or to enter into any agreement, oral or written, that changes the at-will relationship. Supervisory and management personnel should not make any representations to employees or applicants concerning the terms or conditions of employment with the Foundation that are not consistent with Foundation policies. No statements made in pre-hire interviews or discussions, or in recruiting materials of any kind, alter the at-will nature of employment or imply that discharge will occur only "for cause".

Signature _____ Date _____