



**AIR FORCE MUSEUM FOUNDATION, INC.**

# **APPLICATION FOR EMPLOYMENT**

---

**Air Force Museum Foundation Vision:**

Honoring every Airmen's story with a permanent home to inspire future generations.

**Air Force Museum Foundation Mission:**

Raise funds and awareness to support the National Museum of the U.S. Air Force mission.

**Air Force Museum Foundation Core Values:**

Candidate must agree to adhere to the Air Force Museum Foundation's Core Values:

- Passion – Performing our roles with purpose, pride, and a positive attitude
- Integrity – Accepting responsibility for our actions by making business decisions through experience and good judgment
- Accountability – Dedicated to achieving positive results; owning and learning from our successes and failures
- Respect – Committed to an inclusive and collaborative work environment

**General:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Are you legally permitted to work in the U.S.?  Yes  No

The Air Force Museum Foundation performs background checks on 100% of its employees prior to hiring. Are you willing to submit to a background check?  Yes  No

What position are you applying for? \_\_\_\_\_

How did you hear about this job opening? \_\_\_\_\_

When would you be available to start in this position? \_\_\_\_\_

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

The National Museum of the USAF is open seven (7) days a week from 9:00 am – 5:00 pm. Evening hours may be required to support special activities/events. Are you able to work a substantial portion of these hours?

Yes  No

---

**Education:**

School Name and Location	Major
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 \_\_\_\_\_

Company Name \_\_\_\_\_

Dates of Employment \_\_\_\_\_

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? \_\_\_\_\_

The Air Force Museum Foundation provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, pregnancy, marital status, national origin, ancestry, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, transgender status, or any other characteristic protected by federal, state or local laws. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_