

Sharlot Hall Museum

Application

Name: _____ Date: _____

Address: _____

City, State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____ Date of Birth: _____

Emergency Contact Information

Name: _____

Relationship: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Education Information

College or University: _____

Graduation Year: _____ GPA: _____

Degree: _____ Major(s) and Minor(s): _____

Employment/Volunteer Work *(if you are submitting a Resume, please be brief below)*

Employer/Organization: _____

Position: _____ From: _____ To: _____

Responsibilities: _____

Employment/Volunteer Work (cont.)

Employer/Organization: _____

Position: _____ From: _____ To: _____

Responsibilities: _____

Employer/Organization: _____

Position: _____ From: _____ To: _____

Responsibilities: _____

Position Details

When would you be available to start? _____

Can you commit *approximately* 20 hours/week to this position? _____

Skills and Interests

Share with us some of your skills and interests: _____

Application Signature

By submitting this application, I affirm that the facts set forth in this application are true. I understand that if I am accepted as an employee, any false statements, omissions, or misrepresentations made on this application may result in dismissal.

Name (*printed*): _____ Date: _____

Name (*signature*): _____