Wiregrass Museum of Art This Employment Application Will Remain Active for Six (6) months from Date of Completion

				Backgroun	d Information					
Name:	Social Security #:									
Street Address: _										
City:				State	e:		Zip	:		
Telephone: (_)		Cell Phon	e: ()		Alternate	Phone: ()		
Date Available to	Start:		Plea	ase Check: □I	Full-Time	□Part-Tir	ne	⊡Tem	oorary	
What schedules a	are you ava	ailable? 🗆]Weekdays 🗆	Weekends 🗆 E	evenings 🗆 Ove	rtime 🗆 Nights	6			
Desired Pay Rate	e: \$		Position(s) Ap	plied For:						
How did you lear	n about the	e Wiregras	s Museum of Ar	t?						
Have you ever we	orked for th	ne Wiregra	ass Museum of <i>I</i>	Art before?	□Yes □No	If Yes, Dates				_
Have you ever ap	oplied for w	ork with t	he Wiregrass Mi	useum of Art be	efore? □Y	es ⊡No If	Yes, Date	s		
Do any of your fri	ends or rel	atives wo	rk here? □Y	ïes ⊡No	If Yes, name a	and relationshi	ip			
				Additional Scre	ening Informati	on				
Are you eligible to	o work in th	ne U.S.? _								
Are you willing to	work over	time? ⊡Y	es 🗆 No		Dog	you have Relia	able Trans	sportation	? □Yes	□No
Have You Been ((Subject to applicable						Years?		⊡No		□Yes
If Yes, Please list	t ALL Conv	victions:								
Are You At Least	Eighteen ((18) Years	-		lf ye	you speak or v es, please expl	lain:			
					Training Summ					
High School: Diploma?	□Yes		□G. E. D.		City & State: hest grade com	pleted: □ 8				□12
College:					_ City & State:					
Graduated?		□No								
Other:					City & State:					
Graduated?	□Yes	□No								
Please list any ce	ertifications	or license	es received:							

Work History

(Please list most recent position first)

1. Dates From/To:		Employer: _		City/State:						
upervisor Name: Phone #:										
Job Title:	Reason for Leaving:									
Duties/Responsibilities:										
Are You Eligible For Rehire?		□No								
				City/State:						
upervisor Name: Phone #:										
bb Title:Reason for Leaving:										
Duties/Responsibilities:										
Are You Eligible For Rehire?		□No	-							
				City/State:						
Supervisor Name:	ipervisor Name: Phone #:									
Job Title:	b Title:Reason for Leaving:									
Duties/Responsibilities:										
Are You Eligible For Rehire?	□Yes	□No								
				City/State:						
Supervisor Name:	Supervisor Name: Phone #:									
Job Title:Reason for Leaving:										
Duties/Responsibilities:										
Are You Eligible For Rehire?		□No								
Please list any special skills										

Equal Opportunity Statement

Wiregrass Museum of Art provides equal employment opportunities to all employees and applicants without regard to race, color, creed, religion, sex, national origin, age, citizenship, disability, marital status, veteran status or any other protected status. This policy governs all areas of employment at Wiregrass Museum of Art, including recruiting, hiring, training, assignments, promotions, compensation, benefits, discipline and terminations.

Confidentiality Agreement and Employment-At-Will

In the event I am hired by Wiregrass Museum of Art, I will not disclose, use or take, directly or indirectly, either during or after my employment, any property of Wiregrass Museum of Art or confidential or proprietary information concerning Wiregrass Museum of Art clients, vendors, employees and / or its business. I also agree to deliver promptly to Wiregrass Museum of Art, on request or on the date of termination of my employment, all documents, copies thereof, and other materials relating to any confidential or proprietary information that is the property of Wiregrass Museum of Art. Additionally, I agree to return all equipment, tools, instruments, identification badges / documents, materials, outstanding cash advances, wages paid in error, credit cards, keys, software, hardware, or any other items furnished to me by Wiregrass Museum of Art. I hereby agree that if I do not return said items and/or cash, I authorize Wiregrass Museum of Art to deduct the value of such items from my paycheck.

Furthermore, I understand that if I am employed by Wiregrass Museum of Art for any duration, that such employment is of an AT WILL nature, meaning that I can end my employment relationship with Wiregrass Museum of Art at any time, for any reason or no reason at all, and that Wiregrass Museum of Art may terminate my employment at any time, for any reason, with or without cause, or for no reason at all. I also understand and acknowledge that completion of this application for employment does not guarantee me a personal interview, an offer of employment, or consideration for current or future openings, and that no commitments are made or implied regarding employment, and that this document does not create a contract of employment or otherwise, either express or implied, between Wiregrass Museum of Art and myself.

Acknowledgement and Agreement:

Applicants Signature

Date