

EMPLOYMENT APPLICATION

LONGYEAR MUSEUM

1125 Boylston Street
Chestnut Hill, MA 02467
617-278-9000 (phone) 617-278-9003 (fax)

It is the policy of Longyear Museum to provide equal employment opportunities to all applicants and employees as required by law.

I. PERSONAL DATA

Name _____
(please print)

Present Address _____

Home Tel. No. _____
Email _____

Previous Address _____

Date resided there:
From _____ to _____

Can you, upon employment, submit verification of your legal right to work in the United States?
☐ Yes ☐ No

II. EMPLOYMENT DESIRED

Position desired _____

Full-time _____ Part-time _____

Salary expected _____ Date available _____

Are you employed now? ☐ Yes ☐ No

If so, may we inquire of your present employer? _____

Are you available for interview between 9 a.m. and 4 p.m. on Monday through Friday? _____

If considered favorably, on what date could you begin work? _____

Have you previously known about the work of Longyear Museum? _____

Have you visited the Museum or any of the historic houses we maintain? _____

Are you well enough acquainted with the purpose of Longyear to conscientiously support its work?
(If not acquainted, please so state.) _____

III. EDUCATION

Name and Location
of School

No. of Years
Attended

Did You
Graduate?

Subjects
Studied

High School

Vocation or Trade School

College

Graduate School

Other

IV. EMPLOYMENT HISTORY

LIST BELOW YOUR LAST THREE EMPLOYERS, BEGINNING WITH MOST CURRENT (OR LAST) EMPLOYER. YOU MAY INCLUDED ANY VERIFIED WORK PERFORMED ON A VOLUNTEER BASIS.

Name of employer_____

Your title _____

Employed from _____ to _____

Address _____

Reason for making change_____

Type of business_____

May we contact? _____Yes _____No

Person reported to	Position	Phone & Ext.
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Description of your duties_____

Name of employer_____

Your title_____

Employed from _____ to _____

Address_____

Reason for making change_____

Type of business _____

May we contact? _____ Yes _____ No

Person reported to	Position	Phone & Ext.
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Description of your duties

VI. OTHER INFORMATION

Do you have experience in any of the following areas? (Give details on reverse side.)

Museum_____Library_____Guide or docent_____
Exhibit preparation_____Photography_____
Typing (wpm): Word Processing_____Software Programs:_____
Business Machines_____
Accounting or bookkeeping_____Sales_____
Building maintenance_____Power equipment_____
Supervisory_____
Other_____

Please describe any special qualifications related to the position applied for, and include comments as to why you are interested in this position_____

VII. CERTIFICATION

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

An applicant for employment with a sealed record on file with the commissioner of probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

The employment relationship may be terminated, with or without cause, and with or without notice, at any time, at the option of either the Museum or the employee. No supervisor or manager or representative of the Longyear Foundation has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

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I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING INFORMATION TO YOU.

Date

Signature