

APPLICATION FOR EMPLOYMENT

CHECKLIST:

- Complete ALL areas and provide information.
- Use ink pen only (no pencil).
- o Print legibly.
- o Identify the **position** you are applying for.
- o You MUST sign and date the application.
- o Please attach your resume if available.

Thank you for your interest in The Museum of Arts & Sciences.

The Museum of Arts & Sciences is an Equal Opportunity Employer and a Drug-Free Workplace.

Candidates will be subject to a drug test and background check prior to employment.

For consideration, please return application and information to the Operations Department at the Museum.

352 S. Nova Road
Daytona Beach, FL 32114
Stephanie Mason-Teague, Director of Operations
(386) 255-0285, Ext. 339
Stephanie@moas.org



APPLICATION FOR EMPLOYMENT

The Museum of Arts and Sciences is an Equal Opportunity Employer and a Drug Free Workplace.

Position applying for:	Resume Attached: YES / NO
Name:	
Address:	City / State / Zip:
Phone:	Email:
EXPERIENCE (please list most current job first):	
Dates Employed: From / To /	Position:
Company/ Organization:	Supervisor Name & Title:
Company Address:	City / State / Zip:
Company Phone:	Reason for Leaving:
Dates Employed: From / To /	Position:
Company/ Organization:	Supervisor Name & Title:
Company Address:	City / State / Zip:
Company Phone:	Reason for Leaving:
Dates Employed: From / To /	Position:
Company/ Organization:	Supervisor Name & Title:
Company Address:	City / State / Zip:
Company Phone:	Reason for Leaving:
Dates Employed: From / To /	Position:
Company/ Organization:	Supervisor Name & Title:
Company Address:	City / State / Zip:
Company Phone:	Reason for Leaving:

	ignest level and list all schools including technical schools).
School:	
School CITY / STATE:	Degree/ Major:
School:	
School CITY / STATE:	Degree/ Major:
School:	
School CITY / STATE:	Degree/ Major:
Please list all relevant special skills, talents, abilit	ies, professional development courses, computer skills and/or achievements:
REFERENCES (please list three / please do not incl	ude family members):
Name:	City / State:
Phone:	Email:
Relationship:	Vears Known:
Name:	City / State:
Phone:	Email:
Relationship:	
Name:	

The statements made on this application by me are truthful. I authorize release of information regarding my education, past work experience and any other background information relevant to the position for which I am applying. Falsification of any data by me may lead to immediate termination. I understand this application will be considered but does not imply I will be employed. I understand if hired my employment will be for no specific period of time. I understand I have the right to terminate my employment without notice or reason. I realize that employment resulting from this application is "at will" and the employer has the right to dismiss without notice or cause.