



APPLICATION FOR EMPLOYMENT

CHECKLIST:

- Complete ALL areas and provide information.
- Use ink pen only (no pencil).
- Print legibly.
- Identify the **position** you are applying for.
- You **MUST** sign and date the application.
- 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
Alexandra Middleton, Director of Operations
(386) 255-0285, Ext. 340
alexandra@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: _____

EDUCATION (please begin with the most recent/highest 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, abilities, professional development courses, computer skills and/or achievements:

REFERENCES (please list three / please do not include family members):

Name: _____

City / State: _____

Phone: _____

Email: _____

Relationship: _____

Years Known: _____

Name: _____

City / State: _____

Phone: _____

Email: _____

Relationship: _____

Years Known: _____

Name: _____

City / State: _____

Phone: _____

Email: _____

Relationship: _____

Years Known: _____

STATEMENT OF APPLICATION

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.

Signature of Applicant

Date