

# Spark, The Children's Museum of Rochester Employment Application

1201 12th St SW, Rochester MN 55902

Operations and Visitor Services Manager  
Phone: 507-218-3103  
Email: jtweite@sparkrochester.mn.org

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Today's Date \_\_\_\_\_

Position Requested \_\_\_\_\_

Date Available \_\_\_\_\_

I prefer to be contacted by: Phone Email

### Availability to Work

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

Number of hours requested per week \_\_\_\_\_

Museum hours are Tuesday through Sunday 9am - 5pm. We are closed Mondays and holidays but may have field trips, or other special events on these days that require staff.

Are you at least 16 years of age? \_\_\_\_\_

If no, are you interested in a Volunteer position? \_\_\_\_\_

### Education

	School Name	Location (city/state)	Graduation Date	Major
High School				
Undergraduate				
Graduate				
Other				

### Special Training

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> CPR/First Aid Training | <input type="checkbox"/> Education Background | <input type="checkbox"/> Dance/Drama Skills |
| <input type="checkbox"/> Computer Skills        | <input type="checkbox"/> Science Background   | <input type="checkbox"/> Art Skills         |
| <input type="checkbox"/> Foreign Language       | <input type="checkbox"/> Childcare Background | <input type="checkbox"/> Public Speaking    |
| <input type="checkbox"/> Management             | <input type="checkbox"/> Music Skills         | <input type="checkbox"/> Other _____        |

**Activities and Interests:** \_\_\_\_\_  
\_\_\_\_\_

**Work Experience**

Employer:	Dates Employed		Work Performed
Address:	From	To	
City, State, Zip:			
Phone No.:	Hourly Rate/Salary		
Supervisor:	Starting	Final	May we contact?
Reason for Leaving:			Yes No
Employer:	Dates Employed		Work Performed
Address:	From	To	
City, State, Zip:			
Phone No.:	Hourly Rate/Salary		
Supervisor:	Starting	Final	May we contact?
Reason for Leaving:			Yes No
Employer:	Dates Employed		Work Performed
Address:	From	To	
City, State, Zip:			
Phone No.:	Hourly Rate/Salary		
Supervisor:	Starting	Final	May we contact?
Reason for Leaving:			Yes No

**Personal/Professional References**

Please list three people *other than relatives* who would be willing to serve as references.

Name	Occupation	Email Address	Relationship	Years Acquainted
1.				
2.				
3.				

I certify that the statements made in this employment application are true and correct and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release The Children's Museum of Rochester from any liability whatsoever for supplying such information. **I give my consent to conduct a background check as part of the pre-screening process should the interview and selection process move forward.**

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_