

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@sparkrochestermn.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: _____