



MUSEUM *of*
VISUAL
MATERIALS

Application for Employment

500 N. Main Ave. Sioux Falls, SD 57104

T: 605-271-9500

Prospective employees will receive consideration without discrimination, because of race, creed, color, sex, age, national origin, handicap or veteran status.

Last Name		First	Middle	Date
Street Address				Cell Phone ()
City, State, Zip				Other Phone: _____ ()
Email				Social Security Number
Have you ever been employed by the Museum of Visual Materials? _____ Yes _____ No If yes: Year _____				Pay Expected Hour/Year \$ _____ / _____
Employee Variables: (Check all that Apply.) ___ FT ___ PT ___ Temp ___ Days ___ Evenings ___ Nights ___ Weekends				When will you be available to start work? _____
Are you legally eligible for employment in the United States? ___ YES ___ NO				
Have you ever been convicted of a felony in the last 7 years? If so, please explain. _____				
(NOTE: a background check will be performed on applicants prior to employment)				
Other special training, skills licensed/certificates (include professional license and/or certificate numbers) _____ _____				
Referred by: ___ Internet ___ Walk-In ___ Employee: _____ ___ Other: _____				

	School Name	# of Years Completed	Major	Graduated	Degree
High School/GED				___ Yes ___ No	
College/University/ Trade School				___ Yes ___ No	
Graduate School				___ Yes ___ No	

Membership in Professional or Civil Organizations:

Employment History

List former employer's names and addresses for the last 10 years, beginning with most recent (including Armed Services, if any) Volunteer experience may also be listed.

	Dates Employed	Name of Supervisor	Nature of your work	Salary	Reason for Leaving
Company Name: _____ Phone: _____ Address: _____	From _____ To _____				
Company Name: _____ Phone: _____ Address: _____	From _____ To _____				
Company Name: _____ Phone: _____ Address: _____	From _____ To _____				
Company Name: _____ Phone: _____ Address: _____	From _____ To _____				

Personal References (No Relatives). Please include phone number and address.

1. _____
2. _____
3. _____

Have you ever been excluded or precluded from participation in any Federal or State Program or otherwise been debarred or prohibited from contracting with the Federal or State Government? ☐ Yes ☐ No

Explain: _____

Have you ever been discharged or forced to resign from any position? ☐ Yes ☐ No

If Yes, Explain: _____

I hereby certify that all of the information provide by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial or employment regardless of the timing or circumstances of discovery.

I understand that submission of any application does not guarantee employment. I further understand that, should an offer of employment be extended by the museum that such employment with the museum is at will, for no specified duration and may be terminated by either the museum or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of the museum or its representatives used during the employment process is deemed a contract of employment real or implied.

In consideration for employment with the museum, if employed, I agree to conform to the rules, regulations, policies and procedures of the Museum of Visual Materials. At all times and understand that such obedience is a condition of employment. I understand that if offered a position with the museum, I will be required to submit to a pre-employment health assessment and background check as a condition or employment. I understand that unsatisfactory result from, refusal to cooperate with, or any attempt to affect the results of these pre-employments test and checks will result in withdrawal of any employment offer to termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, course and any other who have information about me to provide such information to the museum and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

The Museum of Visual Materials is an Equal Opportunity Employer and expressly prohibits any form of unlawful employee harassment based on race, color, religion, gender, sexual orientation, national origin, age, disability, or veteran status. If you have any questions, please contact 605-271-9500

_____ Signature of Applicant (to be in ink)