



Tallahassee Museum

TREE TO TREE ADVENTURES

T: (850) 575-8684
F: (850) 574-8243
W: TallahasseeMuseum.org
3945 Museum Drive
Tallahassee, FL 32310

APPLICATION FOR AT-WILL EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, disability, or any other legally protected status.

(PLEASE PRINT)

Position Applied for:	Date of Application:
-----------------------	----------------------

How Did You Learn About Us?

Advertisement Friend Relative Walk-In Website Other _____

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)	Home	Cell	Work

Availability (Circle One): Full Time Only / Part Time Only / Full or Part Time

Please indicate the hours that you are available to work on a consistent basis.

Museum hours are 9 a.m. to 5 p.m. Monday -Saturday and 12:30 to 5 p.m. on Sunday.

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

_____ / _____ / _____ / _____ / _____ / _____ / _____

Check any areas you are interested in being considered for when there are openings:

- _____ Clerical (office/phone/admissions/interpreter)
- _____ Professional/Technical (Management, Exhibit Design, Collections Care/Zookeeper)
- _____ Maintenance (grounds/operations) Requires lifting: may require driving. For insurance purposes: If you are interested in a job requiring driving, do you have a valid Florida driver's license? ___ A safe driving record? ___
- _____ Museum Store (Retail sales)
- _____ Trail Break Café (food service)
- _____ Other: _____

Are you willing to start at a minimum wage salary? _____

Are you 18 years of age? _____



Tallahassee Museum

TREE TO TREE ADVENTURES

T: (850) 575-8684
F: (850) 574-8243
W: TallahasseeMuseum.org
3945 Museum Drive
Tallahassee, FL 32310

Do you have a valid Driver's License? _____

If yes, DL # _____ State of Issue: _____ Expiration Date: _____

What is your means of transportation to work? _____

Have you had an accident within the last 3 years? _____ How many? _____

Have you had moving violations within the last 3 years? _____ How many? _____

Have you ever been convicted of a crime? _____ If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Other (Specify)				



Tallahassee Museum

TREE TO TREE ADVENTURES

T: (850) 575-8684
F: (850) 574-8243
W: TallahasseeMuseum.org
3945 Museum Drive
Tallahassee, FL 32310

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

1.	Job Title:
	Employer:
	Address:
	Dates Employed: Telephone Number:
	Supervisor's name:
	Reason for Leaving:
2.	Job Title:
	Employer:
	Address:
	Dates Employed: Telephone Number:
	Supervisor's name:
	Reason for Leaving:
3.	Job Title:
	Employer:
	Address:
	Dates Employed: Telephone Number:
	Supervisor's name:
	Reason for Leaving:

Professional References

Name: _____	Name : _____
Position: _____	Position: _____
Company: _____	Company: _____
Address: _____	Address: _____
Telephone: _____	Telephone: _____



Tallahassee Museum

TREE TO TREE ADVENTURES

T: (850) 575-8684
F: (850) 574-8243
W: TallahasseeMuseum.org
3945 Museum Drive
Tallahassee, FL 32310

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION WOULD BE OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE EMPLOYEE AT ANY TIME AND FOR ANY OR NO REASON. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date



Tallahassee Museum

TREE TO TREE ADVENTURES

T: (850) 575-8684
F: (850) 574-8243
W: TallahasseeMuseum.org
3945 Museum Drive
Tallahassee, FL 32310

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by the Tallahassee Museum, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Museum practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Tallahassee Museum, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/CEO of the Museum. Both the undersigned and the Tallahassee Museum may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Museum may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Museum permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Museum from any liability as a result of such contract.

I understand that, in connection with the routine processing of your employment application, the Museum may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Museum will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Museum shall be probationary for a period of ninety(90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Museum is terminable at will for any reason by either party.

Signature of applicant: _____ Date: _____

We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications

Thank you for completing this application form and for your interest in our business!