

SAN JOSE MUSEUM OF ART

SAN JOSE MUSEUM OF ART (SJMA) EMPLOYMENT APPLICATION

I. CONTACT INFORMATION

Last Name: _____ First Name: _____ Middle Initial _____
(Please enter EXACTLY as it appears on your Social Security Card).

Address: _____ Street _____ City _____ Zip _____

Phone: Day# _____ Evening # _____ Email: _____

Other Last Name(s) Used: _____

Can you, after employment, submit verification of your legal right to work in the United States? Yes No

II. EMPLOYMENT DESIRED

Position Applying For: _____

Date you can start work: _____ Salary Desired: _____

How did you hear about this position? _____
(Please list specific source. If referred by employee, please list their name)

Why are you applying to work at the Museum? _____

If hired, would you have a reliable means of transportation to and from work? Yes No

III. PERSONAL INFORMATION

Have you ever worked for the Museum before? Yes No

If "Yes", please provide dates, last position, supervisor's name, and reason for leaving:

Dates (From/To): _____

Last Position Held: _____

Supervisor's Name: _____

Reason for Leaving: _____

Do you have any friends or relatives working for the Museum: Yes No

If "Yes", please state name(s) and relationship:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

IV. LANGUAGES

If you can communicate in any language(s) in addition to English please provide details:

Language(s): 1) _____ 2) _____ 3) _____

Language #1):	Basic	Intermediate	Advanced	Fluent
Language #2):	Basic	Intermediate	Advanced	Fluent
Language #3):	Basic	Intermediate	Advanced	Fluent

V. EDUCATION AND TRAINING

Indicate highest grade completed: High School: 9 10 11 12 College: 13 14 15 16 Grad Work: 17 18 19 20

Name of School (City and State)	Did You Graduate?		Degree (e.g. AA, BA, BFA, BSc, MA, MFA, MSc, MBA etc.) and Major
	Yes	No	
High School:	Yes	No	
Jr. College:	Yes	No	
College/University:	Yes	No	
College/University:	Yes	No	
Tech./Trade/Military/Other:	Yes	No	

Other experience, training, courses, qualifications or skills that you feel make you especially suited for work at SJMA:

Professional certification(s):

Other job-related activities: List any job related activities (e.g., memberships or volunteer experience) that may prove beneficial to your work (you may omit those which indicate race, color, religion, national origin, ancestry, sex, age, or the existence of a disability).

VI. EMPLOYMENT HISTORY

This section must be completed, even if your resume is attached. List most recent employer first. Include periods for the past ten years whether employed or unemployed, including volunteer work and active military service (use additional pages, if necessary).

1. Name of Employer: _____ Phone Number: _____

Address: _____ Street _____ City _____ Zip _____

Job Title: _____ # Hours per week: _____

Dates Employed: From: _____ (Month and year) To: _____ (Month and year)

Description of Duties and Responsibilities:

Name of Immediate Supervisor Title of Supervisor Reason for Leaving

If you are currently employed, may we contact your present employer? Yes No

2. Name of Employer: _____ Phone Number: _____

Address: _____
Street City Zip

Job Title: _____ # Hours per week: _____

Dates Employed: From: _____ To: _____
(Month and year) (Month and year)

Description of Duties and Responsibilities:

Name of Immediate Supervisor	Title of Supervisor	Reason for Leaving

3. Name of Employer: _____ Phone Number: _____

Address: _____
Street City Zip

Job Title: _____ # Hours per week: _____

Dates Employed: From: _____ To: _____
(Month and year) (Month and year)

Description of Duties and Responsibilities:

Name of Immediate Supervisor	Title of Supervisor	Reason for Leaving

4. Name of Employer: _____ Phone Number: _____

Address: _____
Street City Zip

Job Title: _____ # Hours per week: _____

Dates Employed: From: _____ To: _____
(Month and year) (Month and year)

Description of Duties and Responsibilities:

Name of Immediate Supervisor	Title of Supervisor	Reason for Leaving

5. Name of Employer: _____ Phone Number: _____

Address: _____
Street City Zip

Job Title: _____ # Hours per week: _____

Dates Employed: From: _____ To: _____
(Month and year) (Month and year)

Description of Duties and Responsibilities:

Name of Immediate Supervisor Title of Supervisor Reason for Leaving

VII. BUSINESS REFERENCES

All candidates please list the names of three people not related to you, who can attest to your professional qualifications, including a minimum of two (2) prior Managers (if you are applying for a Manager position, in addition to previous managers who have managed you, please list the names of at least two (2) people whom you have supervised in the past):

1. Name: _____ Organization: _____

Phone: _____ Email: _____

Nature of professional relationship: _____ # Years Acquainted: _____

2. Name: _____ Organization: _____

Phone: _____ Email: _____

Nature of professional relationship: _____ # Years Acquainted: _____

3. Name: _____ Organization: _____

Phone: _____ Email: _____

Nature of professional relationship: _____ # Years Acquainted: _____

4. Name: _____ Organization: _____

Phone: _____ Email: _____

Nature of Professional relationship: _____ # Years Acquainted: _____

5. Name: _____ Organization: _____

Phone: _____ Email: _____

Nature of Professional relationship: _____ # Years Acquainted: _____

VIII. DRIVING

If the position for which you are applying requires driving, please answer the following questions (Drivers must have a valid CA driver's license, be at least 18 years of age and should have at least three (3) year's driving experience):

Do you have the use of a car?	Yes	No
Do you have a minimum of 3 years' of driving experience in CA or another State?	Yes	No
Do you have a current CA driver's license?	Yes	No
Do you have a clean Motor Vehicle Record (MVR) for the past 3 years (You must provide copy before first day of employment, if hired (available from Department of Motor Vehicles (DMV)))?	Yes	No
Do you have California's minimum car insurance/liability coverage on your vehicle (\$15,000 for injury/death to one person, \$30,000 for injury/death to more than one person/\$5,000 for damage to property)? (You must provide proof of insurance if hired)	Yes	No

IX. AUTHORIZATION

Please Read Carefully, Initial Each Paragraph and Sign Below:

_____ Initials
 I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment, and that the facts contained in this application and attachments are true and complete to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application, or on any document used to secure employment shall be grounds for rejection of this application, or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ Initials
 I hereby authorize the San Jose Museum of Art to thoroughly investigate all statements herein and my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Museum any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Museum, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ Initials
 I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Museum. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time according to Museum policies and procedures, and that no promises or representations contrary to the foregoing are binding on the Museum, unless made in writing and signed by me and the Museum's designated representative.

I understand that upon receipt of an offer of employment, all employees must consent to either an investigative consumer report, in compliance with the FCRA (Fair Credit Reporting Act), or, for those employees who provide school site services to pupils, a fingerprint LiveScan check, and that such fingerprints will be submitted to the California Department of Justice for a criminal background check.

_____ Initials
 Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Museum, I am entitled to copies of any such public records obtained by the Museum unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

 Applicant's Signature

 Date