

## DOOR COUNTY HISTORICAL SOCIETY APPLICATION FOR EMPLOYMENT

The Door County Historical Society (DCHS) is an equal opportunity employer. DCHS does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

### PERSONAL INFORMATION

*Please complete all fields.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Are you eligible to work in the U.S?  Yes  No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)  
 Yes  No

Have you ever been terminated from employment or asked to resign by an employer?  
 Yes  No

**If yes**, please provide company names and details \_\_\_\_\_

Can you work any shift?  Yes  No If no, explain: \_\_\_\_\_

Can you work weekends?  Yes  No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?  Yes  No

### EMPLOYMENT DESIRED

Date you can start \_\_\_\_\_ Hourly rate/Salary desired \_\_\_\_\_

Position desired \_\_\_\_\_

Are you currently employed?  If so may we inquire of your present employer? \_\_\_\_\_

### REFERRAL SOURCE

How did you hear about us?  Indeed  LinkedIn  Facebook  Door County Jobs  
 Newspaper Ad  Referral

Have you ever worked for DCHS before?  Yes  No  
Explain \_\_\_\_\_

Do you know anyone who works for our company?  Yes  No

If yes, who? \_\_\_\_\_

<b>EDUCATION</b>	<b>Name and location of school</b>	<b>Degree Received</b>	<b>Subjects studied/Major</b>
High School			
College or University			
Trade, Business or Correspondence School			

**EMPLOYMENT HISTORY** Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

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### REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

### **Please read carefully before signing.**

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for DCHS to hire me. If I am hired, I understand that either DCHS or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of DCHS has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to DCHS true and complete information on this application. No requested information has been concealed. I authorize DCHS to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE.**