



# Part-time Employment Application

Personal Information: Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
**Last Name** **First Name** **Middle**

\_\_\_\_\_  
**Address** **City** **State** **Zip code**

\_\_\_\_\_  
**Home Number** **Cell Number** **Email**

<b>Position desired:</b> <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer	<b>Hours per week desired:</b> _____	<b>Shift Availability:</b> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon/ Evening <input type="checkbox"/> Weekends	<b>Do you have any relatives employed by the BCCM?</b> <b>Yes</b> <b>No</b>
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- Position requires day, night, evening, weekend, and some holiday shift availability.

Educational Information:

Schools	Name & Location	Course of Study	Years	Graduated?	Degree/Diploma
Graduate School					
4 Year College					
Trade School					
High School					

Other specific knowledge, skills or qualifications? \_\_\_\_\_

Employment Information:

Present/most recent employer.

1) Company Name: _____ Telephone: (____) _____
Address: _____ Name of Supervisor: _____
Employment Dates: from ____ / ____ to ____ / ____ Starting Pay: _____ Ending Pay: _____
Job Title & Brief Description: _____
Reason for Leaving: _____
May we contact? ____ Yes ____ No If no please state reason: _____

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2) Company Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Employment Dates: from \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Job Title & Brief Description: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact? \_\_\_\_ Yes \_\_\_\_ No If no please state reason: \_\_\_\_\_

3) Company Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Employment Dates: from \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Job Title & Brief Description: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact? \_\_\_\_ Yes \_\_\_\_ No If no please state reason: \_\_\_\_\_

Bayou Country Children’s Museum (BCCM) is an equal opportunity employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation of origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

The above information is true and correct. I understand that, in the event of my employment by Bayou Country Children’s Museum, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize BCCM to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to BCCM and will hold BCCM and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with BCCM is intended to create an employment contract between myself and BCCM under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by BCCM or me at any time for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

I acknowledge that If employed I will be required to provide original documents that verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9. As a condition of employment, should I receive an offer, I consent to a background check and drug screening and understand random drug screenings may occur without notice throughout the term of employment.

I hereby acknowledge that I have read and agree to the above statements.

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Signature

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Date