



Bayou Country Children's Museum Part Time Employment Application

Today's Date: _____

Personal Information:

Full Name _____

Cell Number _____

Address/ City/ State/ Zip _____

Email Address _____

Desired Hours per Week: _____

Educational Information:

Schools:	High School	College / Trade School	Graduate School
Name:			
Course of Study:			
Years:			
Degree / Diploma?	Y / N	Y / N	Y / N

Shift Availability:

_____ 9:00am - 2:00pm

_____ 1:30pm - 6:30pm

_____ Weekends

Are you at least 16 years old?

_____ Yes _____ No

Do you have any relatives employed by BCCM?

_____ Yes _____ No

Other specific knowledge, skills or qualifications? _____

Employment Information: Begin with your present or most recent employer.

Company Name: _____ Employed from ____ / ____ to ____ / ____

Address: _____

Name of Supervisor: _____ Contact Information: _____

Job Title & Brief Description: _____

Reason for leaving? _____ May we contact? _____ Yes _____ No.

If no please state reason. _____

Company Name: _____	Employed from ____ / ____ to ____ / ____
Address: _____	
Name of Supervisor: _____	Contact Information: _____
Job Title & Brief Description: _____	
Reason for leaving? _____	May we contact? ____ Yes ____ No.
If no please state reason. _____	

Company Name: _____	Employed from ____ / ____ to ____ / ____
Address: _____	
Name of Supervisor: _____	Contact Information: _____
Job Title & Brief Description: _____	
Reason for leaving? _____	May we contact? ____ Yes ____ No.
If no please state reason. _____	

Bayou Country Children’s Museum 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 maybe 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.

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.

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

Signature

Date