

Iowa Children's Museum Employment Application

1451 Coral Ridge Avenue, Coralville, IA 52241

Phone: 319-625-6255

Full Name _____

Today's Date _____

Address _____

Date of Birth _____

City, State, Zip _____

Position Requested _____

Phone No. _____

Date you can start _____

E-mail address _____

Do you have workstudy? Yes No

Availability (when could you be at the ICM?)

Monday _____

Semesters Available

Tuesday _____

Fall

Wednesday _____

Spring

Thursday _____

Summer

Friday _____

No. of hours
requested per week _____

Saturday _____

Sunday _____

Have you ever volunteered at the ICM?
Yes No

Education

	School Name	Location (city/state)	Graduation Date	Major
High School				
Undergraduate				
Graduate				
Other				

Special Training

Foreign Language

First Aid Training

Drama

Computer Skills

Art Skills

Construction Skills

Education Background

Childcare Background

Other _____

CPR Training

Music

Activities and Interests: _____

Work Experience

Employer:	Dates Employed		Work Performed
Address:	From	To	
City, State, Zip:			
Phone No.:	Hourly Rate/Salary		
Supervisor:	Starting	Final	May we contact? Yes No
Reason for Leaving:			
Employer:	Dates Employed		Work Performed
Address:	From	To	
City, State, Zip:			
Phone No.:	Hourly Rate/Salary		
Supervisor:	Starting	Final	May we contact? Yes No
Reason for Leaving:			
Employer:	Dates Employed		Work Performed
Address:	From	To	
City, State, Zip:			
Phone No.:	Hourly Rate/Salary		
Supervisor:	Starting	Final	May we contact? Yes No
Reason for Leaving:			

Personal/Professional References Please list three people other than relatives who would be willing to serve as references.

Name	Occupation	Phone Number	Relationship	Years Acquainted
1.				
2.				
3.				

I certify that the statements made in this employment application are true and correct and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest and I release The Iowa Children’s Museum from any liability whatsoever for supplying such information.

Applicant’s Signature: _____

Date: _____