

# Iowa Children's Museum Employment Application

1451 Coral Ridge Avenue, Coralville, IA 52241

Phone: 319-625-6255

Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_  
E-mail address \_\_\_\_\_

Today's Date \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Position Requested \_\_\_\_\_  
Date you can start \_\_\_\_\_  
Do you have workstudy? Yes No

## Availability (when could you be at the ICM?)

Monday \_\_\_\_\_  
Tuesday \_\_\_\_\_  
Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_  
Friday \_\_\_\_\_  
Saturday \_\_\_\_\_  
Sunday \_\_\_\_\_

### Semesters Available

- Fall  
 Spring  
 Summer

No. of hours  
requested per week \_\_\_\_\_

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: \_\_\_\_\_