APPLICATION FOR EMPLOYMENT



NATIONAL MOTORCYCLE MUSEUM

PO Box 405, 102 Chamber Drive, Anamosa, Iowa 52205

An equal opportunity employer.
Applicants are considered for positions without regard to race, sex, religion, color, national origin, disability, or veteran status.



General Information

Last Name	First Name	Middle	Home Pho	one Work	Phone	Cell Phone
Street Address		City		State		Zip
Social Security Number		Salary Requi	rements	Positi	on Applyin	g For
Are you applying for full-tim	e or part-time er	nployment?		Fu	ll Time	Part Time
Days Available for work:	Sun. M	on. Tues.	☐ Wed.	☐ Thurs. ☐ I	Fri. ☐ Sat.	☐ Sun.
Date Available to Begin Wor	k:					
How did you hear about the	Museum? \square Ac	dvertisement	Friend	Relative	☐ Currer	nt Employee
Do you have any relatives er	mployed at the M	luseum?	□Yes	□No Na	me:	
Have you ever been convicte misdemeanor other than a t					Yes	□No
Have you ever applied at the	e Museum before	?			☐Yes	\square No
Have you ever been intervie	wed by the Muse	eum before?			☐Yes	□No
Can you travel if the job requires it?					□No	
Are you eligible to work in the US.?					Yes	□No
If you are under 18 years of a	ge, can you provi	de required pro	oof of your el	igibility to work	⟨? ☐ Yes	□No
Have you ever been discharg	ged or asked to re	esign by any of	your previou	ıs employers?	☐Yes	\square No
Have you ever been disciplir or any other reason by a pre	ned for absenteei vious employer?	sm, tardiness,			Yes	□No
Education						
Grade School	Nam	ne/City/State	#Years	Major	Degr	ree/Diploma
High School	Nam	ne/City/State	#Years	Major	Degr	ree/Diploma
College	Nam	ne/City/State	#Years	Major	Degr	ree/Diploma
Graduate School	Nam	ne/City/State	#Years	Major	Degi	ree/Diploma
Business/Trade School	Nam	ne/City/State	#Years	Major	Degi	ree/Diploma



Employment History (Minimum of 10 years employment history if applicable)

Last/Current Employer		Job Title	Telephor	ne
Address	City/State/Zip		Dates Employed (from-to)	
Description of Duties:	Wages: (starting)		(ending)	
Reason for Leaving:	Supervisor's Name		─ May We Contact? ☐ Yes	□No
Last/Current Employer		Job Title	Telephor	20
Last/Current Employer		Job Title	Гегерпог	ie
Address	City/State/Zip		Dates Employed (from-to)	
Description of Duties:	Wages: (starting)		(ending)	
Reason for Leaving:	Supervisor's Name		─ May We Contact? ☐ Yes	□No
Last/Current Employer		Job Title	Telephor	ne
Address	City/State/Zip		Dates Employed (from-to)	
Description of Duties:	Wages: (starting)		(ending)	
Reason for Leaving:	Supervisor's Name		─ May We Contact? ☐ Yes	□No



Employment History

Please list at least three (3) PROFESSIONAL references. Professional references must be individuals that you directly reported to and can tell us about you as an employee. We DO NOT want personal references, such as relatives, acquaintances or co-workers.

Name	City/State	Area Code/Telephone Number	Relationship
Name	City/State	Area Code/Telephone Number	Relationship
Name	City/State	Area Code/Telephone Number	Relationship
Name	City/State	Area Code/Telephone Number	Relationship
Name	City/State	Area Code/Telephone Number	Relationship
Remarks			

Agreement

- (1) I certify the answers I have given to the foregoing questions and statements are true and correct, without mental reservation of any kind, and I authorize the National Motorcycle Museum to verify them.
- (2) If I obtain employment resulting from this application, I agree to comply with all orders, rules & regulations of the company.
- (3) I acknowledge that this application is for employment of indefinite duration that can be terminated with or without cause and notice at any time, either by the National Motorcycle Museum or myself. I understand that no member of management or other official or agent of the National Motorcycle Museum has authority to make any agreement (oral, written, or implied) or other representations contrary to item #2 above. However, an officer of the company can do so in written agreement signed by the officer and me.
- (4) If required, I agree to submit to a physical examination, which may include a test for illegal drugs.
- (5) I also authorize my former employers and educational institutions to give any information they have regarding me. I release them and their organizations from all liability for damage whatsoever for issuing the same.
- (6) If hired, a copy of my most recent payroll stub and evidence of my highest degree may be required prior to my first day of employment. If, upon investigation, if anything in this application is found to be untrue, I understand that I will be subject to dismissal at any time during the period of employment.

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Application Signature	Date		