

Employment Application

Date: _____



The Erie Canal Museum is an equal employment opportunity employer which selects the individual who is the best match for a position based on job-related qualifications, without regard to race, color, creed, sex, national origin, religion, sexual preference, age, disability, or other protected group status.

Please complete all sections and, if possible, include a resume.
When complete, please mail, email, or fax to:

Erie Canal Museum
318 Erie Boulevard East
Syracuse, NY 13202

Email: director@eriecanalmuseum.org
Fax: (315)471-7220

PERSONAL INFORMATION:

NAME: _____

ADDRESS: _____

PHONE #: _____ PHONE TYPE: HOME WORK CELL

EMAIL: _____

EMPLOYMENT DESIRED:

POSITION: _____ DATE YOU CAN START: _____

If applying for **part time** employment, please indicate the days and times you are available.
The Museum's regular hours are Monday - Saturday: 10AM - 5 PM & Sunday: 10 AM - 3 PM
Between Memorial Day and Labor Day, we are open until 7 PM on Wednesday. In December, we are open until 5 PM on Sunday.

<input type="checkbox"/> MONDAY AM _____ PM _____	<input type="checkbox"/> TUESDAY AM _____ PM _____	<input type="checkbox"/> WEDNESDAY AM _____ PM _____	<input type="checkbox"/> THURSDAY AM _____ PM _____	<input type="checkbox"/> FRIDAY AM _____ PM _____	<input type="checkbox"/> SATURDAY AM _____ PM _____	<input type="checkbox"/> SUNDAY AM _____ PM _____
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Attach a resume or complete the following.

EDUCATION:	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, GRADUATE, OR CORRESPONDENCE SCHOOL				
OTHER				
LIST ANY SPECIAL SKILLS, TRAININGS, OR PROFICIENCIES:				

EMPLOYMENT: (List below your last three employers, starting with the most recent.)

DATE (MONTH/YEAR)	NAME AND ADDRESS OF EMPLOYER	POSITION
FROM		
TO		
FROM		
TO		
FROM		
TO		

REFERENCES: (Give names and contact information for three persons not related to you, whom you've known at least one year)

NAME	ADDRESS, PHONE, EMAIL	RELATIONSHIP

ADDITIONAL INFORMATION: Anything else you'd like to add?

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CERTIFICATION:

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

APPLICANT SIGNATURE

DATE