

Please complete all sections of the application. Personal Information

Name (Last, First, Middle) City ______ State ____ Zip ____ Phone ____ Email ____ Can you provide proof of U. S. Citizenship? Yes ___ No ___ Are you 16 or over? Yes No Position(s) applying for _____ Referred by Treehouse Museum is a drug and alcohol free work place. Because we work with children and the public we ask all potential employees to consent to a background check and, if hired, to sign a statement that they understand the policies of the Museum regarding drugs and alcohol and criminal activities. I agree to a background check. Yes No Have you been convicted of a crime (other than traffic violations) or been imprisoned during the last seven years? A conviction will not necessarily bar you from employment. Yes No Do you have any physical or mental disability that may limit your performance in the job you are applying for? Yes No If yes, what can be done to accomodate your limitation? Name(s) of any friends or relatives that are employed by Treehouse. List any special skills or abilities that might be valuable in the position for which you are applying. What languages do you speak? _____ What musical instruments do you play? _____ Education Record Name of High School City and State _____ Name of College/University_____ City and State Dates Attended Degrees or diplomas Name of Trade or Technical School City and State _____ Dates Attended Degrees or diplomas _____ Military Service _____ Branch of Service Dates of Service _____

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Applicant's Name				
Employment History Begin with most recent em		neets if needed. If this is	s your first job, please list volunteer w	ork.
1. Employer	•	Supervis	or's Name	
Address				
City		State	Zip	
Beginning Salary	Ending Salary	Your Position/Dut	ties	
Why did you leave?				
			or's Name	
Dates of Employment		Phone		
Address				
City		State	Zip	
Beginning Salary	Ending Salary	Your Position/Dut	ties	
Why did you leave?				
		Supervisor's Name		
Address				
City		State	Zip	
			ties	
Why did you leave?				
	ou. Please make sure your re plank or your application will	ferences know that they be discarded.	n evaluate the quality of your work and may be contacted to provide information	
Phone				
Address				
City			Zip	
Relationship				
2. Name				
Phone		_		
Address				
City		State	Zip	
Relationship				
church leader, or neighbor.)	ence who can evaluate your		nd abilities. (This reference may be a tead	cher,
Phone				
Address				
City		State	Zip	
Relationship				