



**AVAILABILITY**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

**EMPLOYMENT HISTORY**

Begin with your current or most recent employment and continue with the last (10) years of employment. Do not exclude any employment. (attach additional sheet if necessary)

Company Name		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		HR Rep. Use Only	
Address			City/State/Zip		
Date Employed (Month and Year)		Salary		Supervisor	
From:	To:	Start:	Final:		Phone
Title/Responsibilities					
Reason for leaving					

Company Name		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		HR Rep. Use Only	
Address			City/State/Zip		
Date Employed (Month and Year)		Salary		Supervisor	
From:	To:	Start:	Final:		Phone
Title/Responsibilities					
Reason for leaving					

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Address			City/State/Zip		
Date Employed (Month and Year)		Salary		Supervisor	
From:	To:	Start:	Final:		Phone
Title/Responsibilities					
Reason for leaving					

Company Name		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		HR Rep. Use Only	
Address			City/State/Zip		
Date Employed (Month and Year)		Salary		Supervisor	
From:	To:	Start:	Final:		Phone
Title/Responsibilities					
Reason for leaving					

Yes     No    Did you work for any of these employers under a different name? If yes, which employer(s) and under what name(s)?

Name(s) \_\_\_\_\_

EMPLOYMENT HISTORY (CONT'D)

Please explain any lapse or gap in your employment history:

List any special study, research work, or other applicable skills:

REFERENCES

Give below the names of three persons not related to you, whom you have know at least one year

Name	Address & Phone	Business	Years Acquainted
1.			
2.			
3.			

**Applicant Acknowledgement and Authorization**  
**Please read carefully before signing**

I (Applicant - print name) \_\_\_\_\_, hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I hereby authorize the Cummer Museum of Art & Gardens or an independent contractor to investigate all statements contained in this application, to interview the references and previous employers listed in this application, and to obtain a report from a consumer reporting agency to be used for employment purposes in accordance with the Fair Credit Reporting Act. I authorize the references and previous employers listed to give the Cummer Museum all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the Cummer Museum including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or the Cummer Museum's medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a introductory period. I further understand that my employment and compensation can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my introductory period, at the option of either the Director or myself. Also understand if hired and file a lawsuit against the Cummer Museum, I waive my right to a jury trial as more fully set forth in the employee handbook. I understand that no supervisor or other representative of the Cummer Museum other than the Director has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I realize this application will remain active for 6 months. At the conclusion of this time, if I wish to be considered for employment, I may reapply to the Cummer Museum.

It is the policy of the Cummer Museum to afford equal opportunity to all employees and applicants for employment without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected by law.

The Cummer Museum is a Drug Free Workplace.

The Cummer Museum may deduct the replacement value of property (keys, uniforms, radio, etc.) not returned by me from my final paycheck(s).

A photocopy of this signed authorization shall have the same force and effect as the original release signed by me.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Release to give reference

In order to provide the Cummer Museum of Art & Gardens with information and opinions that may be useful in its hiring decisions, I hereby authorize any person, school, current or past employer, organization or entity disclosed in my resume, application, or during my interview to provide any information regarding me, including without limitation, information concerning my performance, reputation and character. I acknowledge that the information divulged may be negative or positive with respect to me. Nevertheless, pursuant to this authorization, I unconditionally release such person, school, employer, organization or entity from any and all legal liability for furnishing such information and in making such statements.

A photocopy of this signed release shall have the same force and effect as the original release signed by me.

Date \_\_\_\_\_

Name Of Applicant \_\_\_\_\_  
Last First Middle Initial

Signature of Applicant \_\_\_\_\_

Social Security Number \_\_\_\_\_



## Authorization to Conduct Pre-Employment Investigation

I state that the information I have provided to the Cummer Museum of Art & Gardens with regard to my seeking employment is true and complete. I understand that any false statement(s) made in this regard will result in my not being offered employment or in termination of my employment. I further understand that this authorization is not and is not intended to be a contract of employment, nor does this obligate the Cummer Museum in any way if it determines not to employ/train me.

I hereby authorize the Cummer Museum or any of its agents to make an inquiry into my personal history, education, employment, driving records, and criminal history through any investigative agencies or bureaus.

Date \_\_\_\_\_

Name Of Applicant \_\_\_\_\_  
Last First Middle

Signature of Applicant \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(dob is only used for identification purposes in background inquires)

Drivers License Number/State \_\_\_\_\_



## PRE-EMPLOYMENT DRUG TESTING POLICY

All job applicants at the Cummer Museum of Art & Gardens will undergo screening for the presence of illegal drugs as a condition for employment. Applicants will be required to voluntarily submit to a urinalysis test at a laboratory chosen by the Cummer Museum, and by signing a consent agreement, will release the Cummer Museum from liability. (Any applicant with positive test results will be denied employment at that time.) The Cummer Museum will not discriminate against applicants for employment because of past abuse of drugs or alcohol. It is the current abuse of drugs or alcohol, which prevents employees from properly performing their jobs that the Cummer Museum will not tolerate.

### PRE-EMPLOYMENT AGREEMENT

PLEASE READ CAREFULLY

I freely and voluntarily agree to submit to an urinalysis (drug screen) as part of my application for employment. I understand that either refusal to submit to the urinalysis screen or failure to qualify according to the minimum standards established by the Cummer Museum for this screen might disqualify me from further consideration for employment.

I further understand that upon commencement of employment with the Cummer Museum, I may again be required to submit to a urinalysis screen. I understand that refusal to take a requested urinalysis screen or failure to meet the minimum standards set for the screen may result in immediate suspension or discharge.

In the event that employment commences prior to the Cummer Museum receiving the drug test results, I understand that I will be immediately discharged if the result comes back positive.

I have read in full and understand the above statements and conditions of employment.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Drivers License Number/State \_\_\_\_\_