



EMPLOYMENT APPLICATION

Employer: **Icebreaker Mackinaw Maritime Museum, Inc.**
Address: 131 South Huron, P.O. Box 39
City/State/Zip: Mackinaw City, Michigan 49701
Telephone: Summer: (231)436-9825 -- Winter # 231 436 4099 (at Childs Consulting Associates, Inc.)

It is the policy of **Icebreaker Mackinaw Maritime Museum, Inc.** to provide employment opportunities to all applicants and employees without regard to any legally protected status such as race, gender, national origin, age, disability or veteran status.

Are you legally eligible for employment in the United States? (Circle one) Yes No

Applicant Name: _____
Address: _____ (Permanent Address)
Address: _____ (If temporary)
City/State/Zip: _____
Number of years at this address: _____ E-mail _____
Daytime phone: _____ Evening phone: _____
Social Security Number: _____

Referral Source: (If any) -- Who referred you to **Icebreaker Mackinaw Maritime Museum, Inc.**?

Position applied for _____

Are you at least 21 years old? _____ Yes _____ No

How will you get to work? Walk – Drive – Other Transportation: _____

Driver's License Number: _____

What state issued your license? _____

If you are offered employment, when would you be available to begin work?

Are you able to perform the essential functions of the job (position description) with or without reasonable accommodation? (Circle one) Yes No

What reasonable accommodation, if any, would you require?

Have you ever been convicted of any crime, including traffic violations causing injury, or involving alcohol or drugs? (Circle one) -- Yes No If yes, please describe:

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.

Applicant Employment History: List your current or most recent employment first.

Employer Name: _____
Address: _____
City/State/Zip: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

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Address: _____
City/State/Zip: _____
Job Duties: _____
Reason for Leaving: _____
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Employer Name: _____
Address: _____
City/State/Zip: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Applicant's Education and Training: List your education and training.

High School Name and Address

Last Grade? ___ 9 ___ 10 ___ 11 ___ 12 Diploma? Yes No

College Name and Address

Did you receive a degree? ___ Yes ___ No If yes, degree received: _____

Other Training (graduate, technical, vocational): Particularly computer use and use of MS OFFICE software.

Awards, Honors, Special Achievements, Licenses, Civic Activities, etc.:

Applicant's Skills: Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Ability or Skill	Years of Experience	Rating
[] Word Processing	_____	1 2 3 4 5
[] Accounting/Bookkeeping	_____	1 2 3 4 5
[] Filing, Record Keeping	_____	1 2 3 4 5
[] Power Point	_____	1 2 3 4 5
[] Publication Production	_____	1 2 3 4 5
[] Accounting/Bookkeeping	_____	1 2 3 4 5
[] Public Communication	_____	1 2 3 4 5
[.....] Other: _____	_____	1 2 3 4 5

References: List any three (3) persons who would be willing to provide a reference for you. At least two must be professional or business persons who know your work.

Name: _____
 Address: _____
 City/State/Zip: _____
 Telephone: _____
 Relationship: _____

Name: _____
 Address: _____
 City/State/Zip: _____
 Telephone: _____
 Relationship: _____

Name: _____
 Address: _____
 City/State/Zip: _____
 Telephone: _____
 Relationship: _____

Please provide any other information that you believe should be considered:

Who should be contacted if you are involved in an emergency?

Contact Name: _____

Relationship to you: _____

Address: _____

City/State/Zip: _____

Daytime phone: _____ Evening phone: _____

CERTIFICATION

I certify that the information provided on this Application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my Application or, if employment commences, immediate termination.

I authorize **Icebreaker Mackinaw Maritime Museum, Inc.** to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Board designee, the employment relationship will be entirely voluntary in nature. In other words, with appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer would have the same right. Moreover, no agent, representative, or employee of Icebreaker Mackinaw Maritime Museum, Inc., except in a specific written contract of employment signed on behalf of the organization by its Board designee, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE