

# South Street Seaport Museum Employment Opportunities Application



## APPLICANT INFORMATION

Last Name		First Name		M.I.	
Street Address			Apartment/Unit#		
City		State		Zip Code	
Phone		Email Address			
Date Available		Union		<input type="checkbox"/> Yes <input type="checkbox"/> No   Local Union	
Trade(s)					
Are you a citizen of the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If no, are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a felony?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain	

## PREVIOUS EMPLOYMENT

Company		Phone			
Address		Supervisor			
Trade		Union Work		<input type="checkbox"/> Yes <input type="checkbox"/> No   Ending Salary	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Company		Phone			
Address		Supervisor			
Trade		Union Work		<input type="checkbox"/> Yes <input type="checkbox"/> No   Ending Salary	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Company		Phone			
Address		Supervisor			
Trade		Union Work		<input type="checkbox"/> Yes <input type="checkbox"/> No   Ending Salary	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?				<input type="checkbox"/> Yes <input type="checkbox"/> No	

## EDUCATION

*Please select highest level of education completed.*

<input type="checkbox"/> None	<input type="checkbox"/> High School	<input type="checkbox"/> GED	<input type="checkbox"/> Trade	<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Bachelors Degree	<input type="checkbox"/> Masters Degree
Name of Educational Institution						

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## REFERENCES

*Please list three professional references.*

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

## MILITARY SERVICE

Branch		From		To	
Rank at Discharge		Type of Discharge			
If other than honorable discharge, explain					

## CERTIFICATIONS

*Please indicate any certifications or licenses you have obtained.*


## DISCLAIMER & SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature		Date	
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Application Update Form		
<b>Name</b>	<input style="width: 90%;" type="text"/> <small style="display: inline-block; width: 40%; text-align: center;">First</small> <input style="width: 90%;" type="text"/> <small style="display: inline-block; width: 40%; text-align: center;">Last</small>	<b>Date:</b> <input style="width: 90%;" type="text"/>
<b>Prospective Trade</b>	<input style="width: 90%;" type="text"/>	<b>Years of Experience</b> <input style="width: 90%;" type="text"/>
<b>Are you currently Employed</b>	<input style="width: 90%;" type="text"/>	Are you Available for Work:    Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Union Status</b>	Non Union <input type="checkbox"/> Union <input type="checkbox"/>	<input style="width: 90%;" type="text"/> <small style="display: inline-block; width: 40%; text-align: center;">Union #/Name</small>
<b>Education Level</b>	<input style="width: 90%;" type="text"/> <small style="display: inline-block; width: 40%; text-align: center;">ex. High School Diploma/GED/College</small>	<b>Certification:</b> <input style="width: 90%;" type="text"/> <small style="display: inline-block; width: 40%; text-align: center;">ex. OSHA</small>
<b>Contact Preference</b>	<input style="width: 90%;" type="text"/> <small style="display: inline-block; width: 40%; text-align: center;">ie: phone, email, text</small>	<input style="width: 90%;" type="text"/> <small style="display: inline-block; width: 40%; text-align: center;">Preferred # or Email</small> <input style="width: 90%;" type="text"/> <small style="display: inline-block; width: 40%; text-align: center;">Preferred Time</small>
<b>Gender:</b> <small>(Please check one of the options below)</small>		
<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>Race/Ethnicity :</b> <input type="checkbox"/> <small>check this box once you have made the applicant aware of the disclaimer below</small>		
<small>(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)</small>		
<b>Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment.</b>		
<div style="list-style-type: none; padding-left: 0;"> <p><input type="checkbox"/> Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.</p> <p><input type="checkbox"/> White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.</p> <p><input type="checkbox"/> Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.</p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.</p> <p><input type="checkbox"/> Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.</p> <p><input type="checkbox"/> Native American or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.</p> <p><input type="checkbox"/> Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.</p> <p><input type="checkbox"/> I do not wish to disclose.</p> </div>		

**SUBMIT APPLICATION**