

National Corvette Museum

350 Corvette Drive, Bowling Green, KY 42101



APPLICATION FOR EMPLOYMENT

The National Corvette Museum is an Equal Opportunity Employer. Employment decisions are made without regard to race, sex, religion, national origin, age, color, physical or mental disability or veteran status of the applicant.

Date: _____

Position Applied For: _____

Are you interested in full or part time work? _____

Number where you can be reached: _____

PERSONAL

Last Name	First	Middle Initial	Social Security Number
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Street Address	City	State/Zip	Driver's License Number	State
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Name of Person to Be Called For An Emergency	Phone Number: Work _____ Home _____ Other _____
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EDUCATION

School (Name and Location)	Highest Grade Completed	Type of Degree/Diploma Received	Number of Years/Hrs Completed	Major/Special Training
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High School

College (Undergraduate)

College (Graduate)

Business/Technical School

GENERAL

Salary Desired	Date Available to Work	Will you work overtime? Yes() No()	Number of Hours Available and/or what days and hours
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Have you ever been convicted of a felony? Yes() No()	If yes, please explain
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PERSONAL REFERENCES

Name	Address	City/State/Zip	Phone	Job Title
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1. _____

2. _____

3. _____

WORK HISTORY – List all employment beginning with most recent. Attach additional sheets if necessary.

1. Company Name Address Phone Number

Dates of Employment Position(s) Held Name of Immediate Supervisor

Rate of Pay: Starting _____ Describe your Duties
Ending _____

Special Equipment Operated or Skills Used Reason For Leaving

2. Company Name Address Phone Number

Dates of Employment Position(s) Held Name of Immediate Supervisor

Rate of Pay: Starting _____ Describe your Duties
Ending _____

Special Equipment Operated or Skills Used Reason For Leaving

3. Company Name Address Phone Number

Dates of Employment Position(s) Held Name of Immediate Supervisor

Rate of Pay: Starting _____ Describe your Duties
Ending _____

Special Equipment Operated or Skills Used Reason For Leaving

4. Company Name Address Phone Number

Dates of Employment Position(s) Held Name of Immediate Supervisor

Rate of Pay: Starting _____ Describe your Duties
Ending _____

Special Equipment Operated or Skills Used Reason For Leaving

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSE STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE.

Date: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE

Hired: Y N Start Date Department Title Rate of Pay

References Checked By: Date: