



EMPLOYMENT APPLICATION

Historic Old Sacramento Foundation/Sacramento History Museum
An Equal Opportunity Employer/Affirmative Action Employer
101 I Street
Old Sacramento, CA 95814
(916) 808-7059

*INSTRUCTIONS: This application is part of the examination process. It must be completely filled out and signed to be accepted for review. Late and/or incomplete applications will be rejected. **PLEASE USE BLACK OR BLUE INK.***

SOCIAL SECURITY NUMBER: _____ — _____ — _____

POSITION APPLYING FOR: _____

NAME: Last _____ First _____ M.I. _____

MAILING ADDRESS: Street or PO Box _____ Apt # _____

City _____ State _____ ZIP _____

HOME PHONE: () _____ OTHER: () _____

DRIVERS LICENSE: If required for position, do you have one? Yes No

State: _____ License #: _____ Class: _____ Expires: _____

CONVICTIONS: Conviction of a crime is not necessarily a bar to employment. Each case is considered separately based on job requirements. However, failure to list convictions, except as provided below, may result in termination from the examination process or employment.

1. Have you ever been convicted of a crime? No Yes
Omit: a) Traffic violations (Driving Under the Influence convictions **must** be reported.)
b) Any conviction committed prior to your 18th birthday which was finally settled in Juvenile Court or under a youth offender law.
c) Any accident sealed under Welfare and Institutions Code S781 or Penal Code S1203.45.
2. If "YES" state WHAT conviction, WHEN, WHERE, and DISPOSITION OF CASE: _____

REVERSE SIDE MUST BE COMPLETED

POSITION APPLYING FOR: _____ NAME: _____

I first learned of this job opening through (please check only one):

- A friend or relative.
- An organization or group. Please specify: _____
- An advertisement. Please specify (newspaper, publication, TV, or radio station) _____
- Other means. Please specify: _____

Do you have any physical condition or disability which may limit your ability to perform the job applied for? No Yes
 If yes, what can be done to accommodate your limitations and, if necessary, to provide assistance in the testing process?

Qualifying Experience: List experience which relates to the qualifications required on the job announcement. Begin with your most recent experience. List all jobs separately. Applications not listing related experience will be considered incomplete and will be rejected. A résumé will not substitute the information required in this section. Your application will be rejected if you write "See Résumé". **NOTE: If you have additional experience and/or comments, please use attached sheet.**

From: Mo. Day Yr.	JOB TITLE or POSITION:	PRESENT OR MOST RECENT EMPLOYER:
To: Mo. Day Yr.	DUTIES:	
Total time: Yr. Mo.		ADDRESS:
PRESENT? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HOURS per WEEK:		
# PEOPLE SUPERVISED:		PHONE:
MONTHLY SALARY or HOURLY WAGES:		SUPERVISOR:
		MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No

From: Mo. Day Yr.	JOB TITLE or POSITION:	PREVIOUS EMPLOYER:
To: Mo. Day Yr.	DUTIES:	
Total time: Yr. Mo.		ADDRESS:
HOURS per WEEK:		
# PEOPLE SUPERVISED:		PHONE:
MONTHLY SALARY or HOURLY WAGES:		SUPERVISOR:
		MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION AND TRAINING:

NAME AND LOCATION OF SCHOOL	MAJOR COURSE OF STUDY	DATE COMPLETED DEGREE, CERTIFICATE

I CERTIFY that all statements in this application are true and complete. I agree and understand that any misstatement or omission of material herein will cause forfeiture on my part of all rights to employment with the Sacramento Museum of History, Science, and Technology.

SIGNATURE: _____ DATE: _____

REVERSE SIDE MUST BE COMPLETED

ADDITIONAL EMPLOYMENT EXPERIENCE:

NAME: _____

From: Mo. Day Yr.	JOB TITLE or POSITION:	PREVIOUS EMPLOYER:
To: Mo. Day Yr.	DUTIES:	
Total time: Yr. Mo.		ADDRESS:
HOURS per WEEK:		
# PEOPLE SUPERVISED:		PHONE:
MONTHLY SALARY or HOURLY WAGES:		SUPERVISOR:
		MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No

From: Mo. Day Yr.	JOB TITLE or POSITION:	PREVIOUS EMPLOYER:
To: Mo. Day Yr.	DUTIES:	
Total time: Yr. Mo.		ADDRESS:
HOURS per WEEK:		
# PEOPLE SUPERVISED:		PHONE:
MONTHLY SALARY or HOURLY WAGES:		SUPERVISOR:
		MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No

From: Mo. Day Yr.	JOB TITLE or POSITION:	PREVIOUS EMPLOYER:
To: Mo. Day Yr.	DUTIES:	
Total time: Yr. Mo.		ADDRESS:
HOURS per WEEK:		
# PEOPLE SUPERVISED:		PHONE:
MONTHLY SALARY or HOURLY WAGES:		SUPERVISOR:
		MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No

From: Mo. Day Yr.	JOB TITLE or POSITION:	PREVIOUS EMPLOYER:
To: Mo. Day Yr.	DUTIES:	
Total time: Yr. Mo.		ADDRESS:
HOURS per WEEK:		
# PEOPLE SUPERVISED:		PHONE:
MONTHLY SALARY or HOURLY WAGES:		SUPERVISOR:
		MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL COMMENTS:

REVERSE SIDE MUST BE COMPLETED