

# Petrified Forest Museum Association Employment Application



Park Road 1 - BOX 2277  
Petrified Forest, AZ 86028  
Phone: (928)524-6228  
Fax: (928) 524-1509

\_\_\_\_\_ date

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Hours Available to work (Check all that apply):

Full-Time  Part-Time  Full/Part   
Mon  Tue  Wed  Thu  Fri  Sat  Sun

Desired position: \_\_\_\_\_  
Available start date: \_\_\_\_\_  
Best way to contact: \_\_\_\_\_  
Best time to contact: \_\_\_\_\_

## Education

Type of School	Name of School and Complete Mailing Address	No. of years completed	Major/Degree
High School			
College, Bus or Trade School			
Professional School			
Other			

Have you ever been convicted of a crime? yes  no

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have a driver's license? yes  no  State issued: \_\_\_\_\_ License #: \_\_\_\_\_

Have you had any accidents in the last 3 years? yes  no  If yes, how many?: \_\_\_\_\_

Do you have any moving violations in the last 3 years? yes  no  If yes, how many?: \_\_\_\_\_

## References (no relatives or former employees)

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Company: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Company: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

## OFFICE USE ONLY:

Contact: \_\_\_\_\_  
Start date: \_\_\_\_\_

Interview Date & Time: \_\_\_\_\_

## Employment History

Name of Employer: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Dates of employment:

From: \_\_\_\_\_ To: \_\_\_\_\_

Salary:

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

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May we contact your employer?    yes     no

Name of Employer: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Dates of employment:

From: \_\_\_\_\_ To: \_\_\_\_\_

Salary:

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

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May we contact your employer?    yes     no

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying:

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