



Human Resources

Museum of Science

1 Science Park
Boston, MA 02114-1099

Confidential Application for Employment

fax 617-589-0362
email jobs@mos.org

Job Line 617-589-0129
website mos.org/jobs

An Equal Opportunity Employer. M/F/D/V.

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, disability, sexual orientation, marital or veteran status, ancestry, genetic information, military service, and any other category protected under applicable federal, state, or local law. The Museum of Science does not discriminate, on the basis of disability, against any individual who chooses to participate in any programs, service, venue, or activity.

Please print clearly and complete all sections.

Date

Name First Middle Last

Current Address Number Street Apartment

City State Zip

Telephone (home) (cell)

Please list the job(s) for which you are applying.

Job Title/Department

Date Available Salary Required

Schedule

Full-time Part-time

Hours Available Days Available

Job status sought

Regular Temporary
Summer/Seasonal Other

How were you referred to the Museum of Science?

- Yes No
Are you currently employed?
If so, may we contact your present employer? Name of current employer
Name of individual(s) to contact
Have you ever applied for a position at the Museum?
If yes, state when and for what position.
Have you ever worked for the Museum? If yes, state position held, type of employment (regular, summer/seasonal, temporary, intern, other) and dates of employment.
Do you have any relatives employed by the Museum?
If yes, name(s) of relative(s)
Upon request, can you furnish proof of United States citizenship or eligibility to work in the United States?
If hired and under 18 years of age, can you furnish a work permit?

## Education

### High School

Name

Address

Number of years attended \_\_\_\_\_ Did you graduate?  Yes  No Degree or Diploma received \_\_\_\_\_

### Vocation & Trade School

Name

Address

Number of years attended \_\_\_\_\_ Did you graduate?  Yes  No Degree or Diploma received \_\_\_\_\_

### College

Name

Address

Number of years attended \_\_\_\_\_ Did you graduate?  Yes  No Degree or Diploma received \_\_\_\_\_

### Graduate School

Name

Address

Number of years attended \_\_\_\_\_ Did you graduate?  Yes  No Degree or Diploma received \_\_\_\_\_

### Other

Name

Address

Number of years attended \_\_\_\_\_ Did you graduate?  Yes  No Degree or Diploma received \_\_\_\_\_

---

## Other

Subjects of special study or research work \_\_\_\_\_

Computer or Other Technical Skills \_\_\_\_\_

---

## Military Service

Total months of Active Duty \_\_\_\_\_ Branch of U. S. Military Service \_\_\_\_\_ Last rank or grade \_\_\_\_\_

Related duties, special skills, courses \_\_\_\_\_ Reserve status \_\_\_\_\_

---

## Professional References

Name \_\_\_\_\_ Company Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Years Acquainted \_\_\_\_\_

How Known? \_\_\_\_\_

Name \_\_\_\_\_ Company Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Years Acquainted \_\_\_\_\_

How Known? \_\_\_\_\_

Name \_\_\_\_\_ Company Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Years Acquainted \_\_\_\_\_

How Known? \_\_\_\_\_

## Employment History

List all employment including self-employment, summer, part-time, or volunteer work.  
Begin with your most recent employment.

---

Name of Employer \_\_\_\_\_ Your Title \_\_\_\_\_ Dates  
Address \_\_\_\_\_ Responsibilities \_\_\_\_\_ From  
\_\_\_\_\_ Mo. \_\_\_\_ Yr.  
\_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ To  
\_\_\_\_ Mo. \_\_\_\_ Yr.  
Telephone ( ) \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Final Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
 Full-time  
 Part-time  
 Volunteer

---

Name of Employer \_\_\_\_\_ Your Title \_\_\_\_\_ Dates  
Address \_\_\_\_\_ Responsibilities \_\_\_\_\_ From  
\_\_\_\_\_ Mo. \_\_\_\_ Yr.  
\_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ To  
\_\_\_\_ Mo. \_\_\_\_ Yr.  
Telephone ( ) \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Final Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
 Full-time  
 Part-time  
 Volunteer

---

Name of Employer \_\_\_\_\_ Your Title \_\_\_\_\_ Dates  
Address \_\_\_\_\_ Responsibilities \_\_\_\_\_ From  
\_\_\_\_\_ Mo. \_\_\_\_ Yr.  
\_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ To  
\_\_\_\_ Mo. \_\_\_\_ Yr.  
Telephone ( ) \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Final Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
 Full-time  
 Part-time  
 Volunteer

---

Name of Employer \_\_\_\_\_ Your Title \_\_\_\_\_ Dates  
Address \_\_\_\_\_ Responsibilities \_\_\_\_\_ From  
\_\_\_\_\_ Mo. \_\_\_\_ Yr.  
\_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ To  
\_\_\_\_ Mo. \_\_\_\_ Yr.  
Telephone ( ) \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Final Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
 Full-time  
 Part-time  
 Volunteer

---

Please account for any gaps in your employment history in this space.

---

Have you ever been discharged from employment, suspended, or asked to resign?

Yes  No If yes, please explain. \_\_\_\_\_

---

## Miscellaneous

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

If you accept employment with the Museum, federal law requires you to produce documents establishing your identity and work authorization. The Museum cannot legally hire you if you do not produce such verification.

---

## Applicant Certification

Please read carefully before signing. If you have questions, please direct them to an employment representative.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if I become employed by the Museum, falsified statements or omissions on this Application shall be grounds for immediate dismissal.

I authorize investigation of all statements and/or omissions contained herein and the references listed 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 information to you.

I understand that I may be required to sign a confidentiality and/or business ethics agreement in connection with any employment with the Museum.

I understand that if I become employed by the Museum, I will be an at-will employee. Accordingly, the employment relationship may be terminated, with or without cause, and with or without notice, at any time, at the option of either the Museum or myself. I further understand that no supervisor or manager or representative of the Museum has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

This application will be given due consideration, but I understand that its submission does not imply that I will be offered employment. I also understand that any offer of employment by the Museum of Science must be extended in writing to be considered valid.

My signature certifies that I have read and agree with the above statements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Check if resume is included.

# Voluntary Self-Identification Form

---

## To All Applicants

The Museum of Science has adopted a Diversity Initiative with regard to employment opportunities for qualified individuals. Please assist us in implementing this initiative by providing the information requested below.

**Providing this information is voluntary and providing or refusing to provide it will not subject you to any adverse treatment.** The information you provide will only be used for equal employment/affirmative action record-keeping and reporting required by law. The information you provide is also confidential.

Name \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

Please check one  Female  Male

Please check one. If you belong to more than one group, select the one most appropriate (see federal government definitions below):

- White (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- American Indian or Alaska Native (not Hispanic or Latino)
- Two or more races (not Hispanic or Latino)

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for your cooperation.*

---

## Federal Government Definitions

**White (not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American (not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.

**Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**Native Hawaiian or other Pacific Islander (not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**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.

**American Indian 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 maintain tribal affiliation or community attachment.

**Two or more races (not Hispanic or Latino):** All persons who identify with more than one of the above six races.