

**Fenimore Art Museum
The Farmers' Museum, Inc.**

Return to:
Human Resources, PO Box 800, Cooperstown NY 13326

EMPLOYMENT APPLICATION

We are an equal opportunity employer. All applicants will receive consideration based on their qualifications and without regard to race, color, creed, religion, age, disability, sex, sexual orientation, familial status, marital status, veteran status, military status, national origin, ancestry, ethnic group identification, ethnic group background, traits historically associated with race, citizenship, domestic violence victim status, gender identity/expression, predisposing genetic characteristics/genetic information or carrier status, reproductive health decision making, or any other trait protected by federal, state or local law.

Except where indicated, all questions must be answered. Please print clearly.

Name _____
Last First M.I.

Present address _____
(No. & Street) (Town/City) (State) (Zip)

Phone (_____) _____ E-mail _____
Area Code

Position(s) applying for _____ Date available to start work _____

If you are under eighteen (18) years of age, can you furnish a work permit? Yes ___ No ___

If not, please explain _____

Were you ever employed or had volunteer status with us, or have you previously applied for employment or volunteer status with our organization? No ___ Yes ___ If yes, when and what happened? _____

Do you have relatives or friends working for us? No ___ Yes ___ Give names _____

EDUCATION

	Name of School	Address	Highest Grade Completed	Type of Diploma Degree - Major
High School				
College				
Other				

Do you have the legal right to work in the United States? Yes ___ No ___ Proof of your right to work in the United States will be required to be provided within three days of hire, if an offer of employment is made.

Do you currently possess a valid driver's license? Yes ___ No ___

State _____ Driver's License # _____ Exp. Date _____

If not, do you have reliable transportation to work? Yes ___ No ___

MILITARY SERVICE

(Complete this section if you were in the U.S. Armed Services)

Branch of Service _____ Did you receive a dishonorable discharge? Yes ___ No ___
A dishonorable discharge is not an absolute bar to employment, and the final decision regarding hiring will be based upon a review of all available factors.

EMPLOYMENT HISTORY

(starting with most recent)

If not currently working, indicate how you spent your time between your last employment and now: _____

Presently or last employed:

Dates: From month/yr. ___/___ To month/yr. ___/___ Your job title: _____

Employer: _____ Duties: _____

Address: _____

Telephone: _____ Reason for leaving: _____

Supervisor name/title: _____

Dates: From month/yr. ___/___ To month/yr. ___/___ Your job title: _____

Employer: _____ Duties: _____

Address: _____

Telephone: _____ Reason for leaving: _____

Supervisor name/title: _____

Dates: From month/yr. ___/___ To month/yr. ___/___ Your job title: _____

Employer: _____ Duties: _____

Address: _____

Telephone: _____ Reason for leaving: _____

Supervisor name/title: _____

Please explain any gaps in employment: _____

May we contact your previous employer(s) for reference purposes? Yes ___ No ___

If currently employed, may we contact your current employer for reference purposes? Yes ___ No ___

If yes, give name, position and telephone number of person to be contacted:

Name _____ Position _____ Telephone (____) _____

Is additional information regarding an assumed name, nickname, or change of name necessary to enable us to check your record? If so, please provide the additional names or information: _____

RELATED INFORMATION

To what job-related organizations (professional, trade, etc.) do you belong? You may exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, disabilities, veteran/military or any other similarly protected status.

Organization	Positions Held

What, if any, job-related certifications or licenses do you hold? Please include expiration date, if applicable.

Have you ever had a professional certification or license revoked or otherwise been subjected to professional discipline?

List any special accomplishments, publications, awards, etc. that you have received. Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, disabilities, veteran/military or any other similarly protected status.

Do you have any other job-related skills that may be helpful in this position? _____

READ CAREFULLY AND SIGN:

1. I understand that, as part of the application process, I may be asked to provide information of a personal nature with regard to work eligibility, work experiences, educational history, and other relevant matters. I also understand that I am providing this information voluntarily and may discontinue the application process at any time.
2. I certify that the information provided by me in the application is true, correct and complete.
3. I understand that any offer of employment is contingent upon the verification of the data I provide. I understand that any false statement, misrepresentation of the facts, or misleading statements on this application or during the interview or hiring process, will be cause for rejection of my application or for dismissal of my employment.
4. I further understand that if employed, my continued employment is subject to the organization's satisfaction with my performance and the references provided, and that I will be an employee at will. I understand that I would be free to resign at any time, with or without cause and with or without prior notice and Fenimore Art Museum/The Farmers' Museum reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that not supervisor or representative of Fenimore Art Museum/The Farmers' Museum is authorized to make any assurance to the contrary and that no implied oral or written agreements contrary to the foregoing language are valid unless they are in writing and signed by Fenimore Art Museum/The Farmers' Museum's President.
5. I authorize Fenimore Art Museum/The Farmer's Museum, its representatives, employees, or agents to contact and obtain information from all of my present (present employer will only be contacted with your consent or after you have given notice of termination) and former employers, public agencies, licensing authorities, and educational institutions to verify the accuracy of all information provided by me. I hereby waive any and all rights and claims I may have against Fenimore Art Museum/The Farmers' Museum, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process, and all other persons, corporations, or organizations for furnishing such information about me.
6. I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from Fenimore Art Museum/The Farmers' Museum and still wish to be considered for employment, it will be necessary for me to fill out a new application and reapply.
7. I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT

Date _____

Signature _____

Revised 01/2020

BACKGROUND CHECK DISCLOSURE FORM

Please answer the questions below regarding your criminal history. Answering “yes” to one or more the following questions will not necessarily disqualify you from employment. Factors such as date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

1. Have you ever pled “guilty” or “no contest” to or been convicted of a felony, misdemeanor, or criminal violation?
 Yes No

If yes, please provide date(s) and details, including nature of the conviction(s), location(s)/jurisdiction(s), the year(s) of conviction(s), and any information regarding rehabilitation or other information you wish us to consider. *Please do not include information regarding any youthful offender adjudication or any conviction for a violation that has been sealed pursuant to New York Criminal Law §§ 160.55 or 160.58.*

2. Do you currently have any criminal charges pending against you or open arrest warrants? Yes No
If yes, please provide date(s) and details, including the nature of the charges/warrants and location(s)/jurisdiction(s):

I certify that the information I have provided on this disclosure form is true, accurate, and complete. I understand that any false statement, misrepresentation, or omission of fact will be cause for refusal of employment or, if employed, termination of employment.

Date _____

Signature _____