



**New York State Historical Association  
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/handicap, sex, sexual orientation, marital status, veteran status, national origin, 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)

Home phone (\_\_\_\_\_) \_\_\_\_\_ Phone for message (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
Area Code Area Code

Position(s) applying for: \_\_\_\_\_ Date available to start work: \_\_\_\_\_

Are you eighteen (18) years of age or older? Yes \_\_\_ No \_\_\_ If not, state your age: \_\_\_\_\_

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? \_\_\_\_\_ 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
Elementary				
High School				
College				
Other				

Have you ever been convicted of a crime (misdemeanor or felony)? No \_\_\_ Yes \_\_\_ If yes, please describe: \_\_\_\_\_

Conviction will not necessarily disqualify an applicant from employment, and the final decision regarding hiring will be based upon a review of all available factors.

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: \_\_\_\_\_

Payrate: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Telephone: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Supervisor name/title: \_\_\_\_\_

Dates: From month/yr. \_\_\_/\_\_\_/\_\_\_ To month/yr. \_\_\_/\_\_\_/\_\_\_ Your job title: \_\_\_\_\_

Employer: \_\_\_\_\_ Duties: \_\_\_\_\_

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

Payrate: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Telephone: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Supervisor name/title: \_\_\_\_\_

Dates: From month/yr. \_\_\_/\_\_\_/\_\_\_ To month/yr. \_\_\_/\_\_\_/\_\_\_ Your job title: \_\_\_\_\_

Employer: \_\_\_\_\_ Duties: \_\_\_\_\_

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

Payrate: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Telephone: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Supervisor name/title: \_\_\_\_\_

Please explain any gaps in employment: \_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

**READ CAREFULLY AND SIGN:**

1. I certify that the information provided by me in the application is true, correct and complete.
2. 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.
3. 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.
4. I also authorize and request all of my present (present employer will only be contacted with your consent or after you have given notice of termination) and former employers to furnish NYSHA/The Farmers' Museum with information about my employment record (including a statement of the reason for the termination of my employment), work performance, abilities and other qualities pertinent to my qualifications for employment, and I hereby release them from any and all liability for damages of whatever nature arising from furnishing the requested information.

Date \_\_\_\_\_

Signature \_\_\_\_\_