



# Allan Shivers Library and Museum

302 N. Charlton St. Woodville, Texas

Ph: 409-283-3709 email: [ashivers.library@yahoo.com](mailto:ashivers.library@yahoo.com)

## APPLICATION FOR EMPLOYMENT

<b>NAME</b>		<b>Date of application</b>	
<b>Phone (morning/evening)</b>			
<b>Address(mailing/physical)</b>			
<b>Driver's License #</b>		<b>Social Security Number</b>	XXX-XX-
<b>Position(s) applied for:</b>	Museum Manager (Part-time).	<b>Date you can start</b>	
<b>Are you employed now?</b>	Y / N	<b>If so, may we contact your employer?</b>	Y / N

### EDUCATION INFORMATION:

		<b>Years completed</b>	<b>Graduation year</b>
<b>High School attended and Location</b>			
<b>College attended and Location</b>			
<b>Trade, Business or Other attended &amp; Location</b>			
<b>Special Courses or Training</b>			

### EXPERIENCE / SKILLS RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING

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**List and explain your experience with software & programs: Specifically, Word, Excel, PowerPoint, Database, Google Doc, Canva, and other**

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### WORK REFERENCES NOT RELATIVES

<u>Name</u>		<u>Length of Association</u>	
<u>Address</u>		<u>Phone</u>	
<u>Name</u>		<u>Length of Association</u>	
<u>Address</u>		<u>Phone</u>	



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### EMPLOYMENT HISTORY (Start with last employer first)

<b>Name of Employer</b>		<b>Length of Employment</b>	
<b>Address</b>		<b>Phone</b>	
<b>Your Position</b>		<b>Name of Supervisor</b>	
<b>Start date</b> _____	<b>Date Left</b>	<b>Start Salary</b>	<b>End Salary</b>

### REASON FOR LEAVING


<b>Name of Employer</b>		<b>Length of Employment</b>	
<b>Address</b>		<b>Phone</b>	
<b>Your Position</b>		<b>Name of Supervisor</b>	
<b>Start date</b> _____	<b>Date Left</b>	<b>Start Salary</b>	<b>End Salary</b>

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### REASON FOR LEAVING


I certify that I have fully and accurately answered all questions and have given all information requested in this employment application, and I understand that any wrong or incomplete information on the form may disqualify me for further consideration for employment or, if discovered after I am hired, may be grounds for my immediate dismissal. I understand that all such information is subject to verification by the Allan Shivers Library and Museum (ASLM), and hereby give my consent to the ASLM to investigate my background and qualifications using any means, sources, and outside investigators at its disposal. I agree to undergo any type of drug and/or alcohol testing that the ASLM may require at any time. Finally, I understand that submission of this application does not necessarily mean that I will be hired, and that if I am hired, my employment will be at will, and either I or the ASLM may terminate my employment at any time, with or without notice or reason.

### PLEASE DATE AND SIGN BELOW:

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NOTICE:** New hires will have a 60 day probationary period. At the end of the 60 days there will be an evaluation of your work, at such time the Director will decide the status of employment.