Allan Shivers Library and Museum
302 N. Charlton St.
Woodville, TX 75979
(409) 283-3709
ashivers.library@yahoo.com

Application of Employment
Museum Manager (Part-Time**)**
12 Hours/Week – 50 Weeks - Schedule to be Determined)

Notice: New hires will have up to a 30-day trial period. During this time, the employee's work will be observed and evaluated. Failure to meet requirements of the position will result in dismissal.

Date of Application: _____ Referred by: _____

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Driver's License #: _____ State: _____ Social Security #: _____

Date you can start: _____

Are you employed now? _____ If yes, may we contact your employer? _____

Education

High School: _____ Location: _____ Year Graduated: _____

College: _____ Location: _____ Year Graduated: _____

Other Education/Training/Certification(s): _____

Experience/Skills Related to the Position: _____

Professional References

Name: _____ Company: _____ Phone: _____

Name: _____ Company: _____ Phone: _____

Name: _____ Company: _____ Phone: _____

Personal References

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Employment History (Start with most recent employer first)

Employer: _____ Type of Business: _____

Address: _____

Your Position: _____ Begin/End Dates: _____

Name of Supervisor: _____ Phone: _____

Reason for Leaving: _____

Employer: _____ Type of Business: _____

Address: _____

Your Position: _____ Begin/End Dates: _____

Name of Supervisor: _____ Phone: _____

Reason for Leaving: _____

Employer: _____ Type of Business: _____

Address: _____

Your Position: _____ Begin/End Dates: _____

Name of Supervisor: _____ Phone: _____

Reason for Leaving: _____

Are you able to perform the essential job functions without assistance and without modifications?

Yes No

If "no", please explain: _____

_____

_____

Please sign and date below.

** By signing this application, I verify that I have reviewed the job description for this position and understand the general requirements for the job. I also verify that the information in this application is true to the best of my knowledge.

Signature: _____

Date: _____

Note: This application will be kept on file for six (6) months.