



# DuPage Children's Museum

## Application for Employment

### Pre-Employment Questionnaire

*DuPage Children's Museum is an Equal Opportunity Employer*

Applicant: Please fill out both sides of this form in advance of your interview. This form, along with your resume, will help us to explore the full range of your experience and qualifications for employment at DCM.

Thank You!

Name \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Telephone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Position Applying For \_\_\_\_\_ Date Available \_\_\_\_\_

How did you hear about the position? Newspaper ad \_\_\_\_\_ DCM friend/volunteer Other \_\_\_\_\_

Can you supply the required documentation to verify your lawful right to work in the United States? Yes No

### Employment History

Please provide employment experience, starting with the most recent position held. Include pertinent military experience.

From	To	Employer	Telephone
Job Title		Address	
Supervisor		Summary of Job Duties and Responsibilities	
Supervisor's Title			
May we contact the above individual? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone _____		Reason for Leaving	
From	To	Employer	Telephone
Job Title		Address	
Supervisor		Summary of Job Duties and Responsibilities	
Supervisor's Title			
May we contact the above individual? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone _____		Reason for Leaving	
From	To	Employer	Telephone
Job Title		Address	
Supervisor		Summary of Job Duties and Responsibilities	
Supervisor's Title			
May we contact the above individual? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone _____		Reason for Leaving	

**Please continue on the back**

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**Education**

Name of School Attended	Location of School Attended	Years Attended	Degree Received

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**Other Experience**

Volunteer or other relevant work or life experiences, especially as they relate to the position applied for

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U.S. Military or Naval Service

Rank

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**Other Training/Skills**

Other training/skills that you would like to note

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**References**

Name	Relationship to You	Years Known
Telephone ( )	Address	
Name	Relationship to You	Years Known
Telephone ( )	Address	
Name	Relationship to You	Years Known
Telephone ( )	Address	

Authorization: I certify that the facts in this application and the attached resume are true, correct and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize DCM to check and verify all information on the application and resume and fully release references, employers and the DuPage Children's Museum from any liability resulting from the verification process. In order to perform due diligence in protecting the well being and safety of those we serve, the DuPage Children's Museum reserves the right to perform criminal background checks on any current employee, applicant or volunteer. All employment at DCM is on an at-will basis. Neither this application nor any other personnel forms constitutes an employment contract.

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