



**WORK EXPERIENCE:** Beginning with your PRESENT OR MOST RECENT employment, list your last three employers.

Date	Name and Address of Employer	Salary	Position & Duties	Reason for Leaving
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				

Explain any gaps in your employment: \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES:** Give the names of three persons not related to you, whom you have known at least one year.

Name	Address	Phone	Business	Years Acquainted

**APPLICANT'S ACKNOWLEDGEMENT**

I certify that all the information provided in this application is true and complete to the best of my knowledge. I understand that if any false or misleading information I knowingly provide is discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. I authorize the investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand that if I am employed, I am required to abide by all the rules and regulations of the Adirondack Museum. I also understand all employment at the museum is At-Will, unless the parties enter into a written agreement signed by the Adirondack Museum's Director. Just as I may resign for any reason, the Adirondack Museum may terminate my employment for any reason.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

Hired: Yes  No  Position: \_\_\_\_\_ Dept: \_\_\_\_\_

Salary/Wage: \_\_\_\_\_ Starting Date: \_\_\_\_\_ Approved: \_\_\_\_\_

SUPERVISOR

HUMAN RESOURCES MANAGER