



**VALDEZ MUSEUM & HISTORICAL ARCHIVE ASSOCIATION, INC**  
**EMPLOYMENT APPLICATION**

217 Egan Dr. PO Box 8, Valdez, Alaska 99686  
(907)835-2764 or fax line (907)835-5800  
[www.valdezmuseum.org](http://www.valdezmuseum.org)

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

POSITION APPLIED FOR : \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MI.

MAILING ADDRESS: \_\_\_\_\_  
NUMBER AND STREET/P.O. BOX

CITY STATE ZIP

TELEPHONE NUMBER ALTERNATE TELEPHONE NUMBER EMAIL ADDRESS

SOCIAL SECURITY NUMBER: \_\_\_\_\_

OTHER NAMES YOU HAVE WORKED UNDER: \_\_\_\_\_

ARE YOU NOW OR HAVE YOU EVER BEEN EMPLOYED BY THE VALDEZ MUSEUM?  
IF SO, GIVE TITLE, DEPARTMENT AND DATES: \_\_\_\_\_ (Circle One)  
YES NO

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION YOU  
ARE APPLYING FOR, EITHER WITH OR WITHOUT ACCOMMODATION YES NO

ARE YOU A U.S. CITIZEN OR ARE YOU LEGALLY AUTHORIZED TO ACCEPT EMPLOYMENT? YES NO

DO YOU HAVE A VALID DRIVERS LICENSE: # \_\_\_\_\_ State \_\_\_\_\_ \*\* YES NO

\*\*If non AK are you willing to obtain an Alaska drivers license within 30 days of employment? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO  
- (If yes, you must explain on a separate sheet of paper and attach it to this application.  
A conviction record will not necessarily be a bar to employment)

LIST RELATIVES/FRIENDS EMPLOYED BY THE VALDEZ MUSEUM:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**EDUCATION AND TRAINING**

\_\_\_\_ STILL ATTENDING HIGH SCHOOL: SCHOOL NAME \_\_\_\_\_  
\_\_\_\_ HIGH SCHOOL DIPLOMA \_\_\_\_\_ GED \_\_\_\_\_

(Circle one)  
COLLEGE 1 YR 2 YRS 3YRS 4YRS  
VOCATIONAL /SPECIALIZED TRAINING 1 YR 2 YRS

COLLEGE OR UNIVERSITY NAME: \_\_\_\_\_

DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

DIPLOMA OR DEGREE \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_ MAJOR \_\_\_\_\_

GRADUATE SCHOOL NAME: \_\_\_\_\_

DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

DIPLOMA OR DEGREE \_\_\_\_\_ MAJOR \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

VOCATIONAL TRAINING SCHOOL NAME: \_\_\_\_\_

DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

DIPLOMA OR CERTIFICATE \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_ MAJOR \_\_\_\_\_

**LICENSES AND CERTIFICATES**

TITLE	STATE OR LICENSING AGENCY	EXPIRATION DATE

Commercial Drivers License? YES NO CLASS \_\_\_\_\_ LIST ENDORSEMENTS \_\_\_\_\_

**DESCRIBE YOUR OFFICE EQUIPMENT OPERATION SKILLS**

COMPUTERS: \_\_\_\_\_ SOFTWARE: \_\_\_\_\_

OTHER OFFICE EQUIPMENT: \_\_\_\_\_

TYPING SPEED: \_\_\_\_\_ WPM \_\_\_\_\_ 10-Key (by touch? YES NO)

**HOW DID YOU LEARN ABOUT THIS JOB?**

\_\_\_\_ JOB SERVICE \_\_\_\_ VALDEZ MUSEUM WEB SITE \_\_\_\_ NEWSPAPER \_\_\_\_ OTHER

**EMPLOYMENT HISTORY:**

Begin with your present or most recent job. List all jobs separately including on-the-job training, volunteer work and military experience. Please be sure you describe completely in the sections below the duties performed which demonstrate that you have the knowledge and skills to perform the duties of the job for which you are applying. The Valdez Museum may conduct background checks to verify information on applications.

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Name and address of employer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Hours per week: \_\_\_\_\_

Salary/Wage: \_\_\_\_\_

Phone number: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

May we contact this employer? \_\_\_\_Yes \_\_\_\_No

Supervisor's title: \_\_\_\_\_

Number of persons supervised: \_\_\_\_\_

Have you supervised: Youth: \_\_\_\_\_ (under 17 yrs old) \_\_\_\_\_ Adult (18+ yrs old)

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

Job Title: \_\_\_\_\_

DUTIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and address of employer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Hours per week: \_\_\_\_\_

Salary/Wage: \_\_\_\_\_

Phone number: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

May we contact this employer? \_\_\_\_Yes \_\_\_\_No

Supervisor's title: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

DUTIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and address of employer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Hours per week: \_\_\_\_\_

Salary/Wage: \_\_\_\_\_

Phone number: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

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Applications from all persons are welcome. Women, members of minority groups, disabled persons and Vietnam era veterans are encouraged to apply. The VMHA does not discriminate on the basis of race, color, national origin, religion, sex, age, disability, or status as a Vietnam era veteran in employment, programs, services or activities, as prescribed by Title VII of the Civil Rights Act of 1964, Executive Order 11246 as amended, the Rehabilitation Act of 1973, the Vietnam Era Readjustment Assistance Act of 1974, the Age Discrimination Acts of 1974, Americans with Disabilities Act of 1990, and Chapter 18.80.220 of the Alaska Code.

I HEREBY CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT ERRONEOUS INFORMATION ON THIS APPLICATION WILL LEAD TO THE REMOVAL OF MY NAME FROM CONSIDERATION FOR EMPLOYMENT OR TERMINATION OF MY EMPLOYMENT.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_