

700 State Drive
Los Angeles, CA 90037
HR@cscmail.org
www.californiasciencecenter.org



California Science Center Foundation
Employment Application
An Equal Opportunity Employer

DATE: _____

PLEASE PRINT ALL INFORMATION

PERSONAL INFORMATION

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

PRESENT ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PERMANENT ADDRESS (IF DIFFERENT FROM PRESENT ADDRESS) _____

HOME PHONE: _____ BUSINESS PHONE: _____ OTHER: _____

E-MAIL ADDRESS: _____ SOCIAL SECURITY NUMBER: _____

HAVE YOU EVER BEEN AN EMPLOYEE OR VOLUNTEER OF THE CALIFORNIA SCIENCE CENTER OR THE CALIFORNIA MUSEUM OF SCIENCE AND INDUSTRY?
 NO YES IF YES, WHEN? _____

ARE YOU CURRENTLY EMPLOYED? Yes No IF SO, MAY WE CONTACT YOUR CURRENT EMPLOYER? Yes No

NAMES OF RELATIVES EMPLOYED BY THIS ORGANIZATION

NAME _____ RELATIONSHIP: _____ DEPARTMENT _____
NAME _____ RELATIONSHIP: _____ DEPARTMENT _____

IF HIRED, WOULD YOU HAVE RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK? Yes No

ARE YOU AT LEAST 18 YEARS OLD? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

IF HIRED, CAN YOU PRESENT EVIDENCE OF YOUR U.S. CITIZENSHIP OR PROOF OF YOUR LEGAL RIGHT TO LIVE AND WORK IN THIS COUNTRY?
 Yes No

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMMODATION? Yes No If no, describe the functions that cannot be performed: _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and a skill and agility test.)

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed) Yes No If yes, state nature of the crime(s), when and where convicted. _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offence to the position(s) applied for may, however, be considered.)

EMPLOYMENT DESIRED

POSITION (S) APPLYING FOR: _____ SALARY DESIRED: _____
 Regular Full-time work Regular Part-Time work Temporary work, e.g., summer or holiday work

WHAT DAYS AND HOURS ARE AVAILABLE FOR WORK? _____

AVAILABLE FOR WORK ON WEEKENDS AVAILABLE TO WORK OVER-TIME, IF NECESSARY

IF HIRED, ON WHAT DATE CAN YOU START WORK? _____ HOW WERE YOU REFERRED TO US? _____

EDUCATION, TRAINING AND EXPERIENCE

TYPE OF SCHOOL	NAME AND ADDRESS, CITY & STATE	YRS. COMPLETED	GRADUATED?	DEGREE OR DIPLOMA
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
VOCATIONAL/BUSINESS				

MANY OF OUR GUESTS DO NOT SPEAK ENGLISH. DO YOU SPEAK, WRITE OR UNDERSTAND ANY FOREIGN LANGUAGES? YES NO
 If so, which language(s) _____

DO YOU HAVE ANY OTHER EXPERIENCE, TRAINING, QUALIFICATIONS OR SKILLS, WHICH YOU FEEL, MAKES YOU ESPECIALLY SUITED FOR WORK AT THE CALIFORNIA SCIENCE CENTER? YES NO If so, please explain _____

EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of employment. You must complete this section even if attaching a resume. ATTACH ADDITIONAL PAGE(S) IF NECESSARY.

EMPLOYER _____ ADDRESS _____ PHONE _____
 TYPE OF BUSINESS _____ IMMEDIATE SUPERVISOR _____
 YOUR POSITION AND DUTIES _____
 REASON FOR LEAVING _____
 May we contact this employer for reference? Yes No

DATES OF EMPLOYMENT	
From: _____	To: _____
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
HOURLY OR ANNUAL PAY:	
Starting _____	Ending _____

EMPLOYER _____ ADDRESS _____ PHONE _____
 TYPE OF BUSINESS _____ IMMEDIATE SUPERVISOR _____
 YOUR POSITION AND DUTIES _____
 REASON FOR LEAVING _____
 May we contact this employer for reference? Yes No

DATES OF EMPLOYMENT	
From: _____	To: _____
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
HOURLY OR ANNUAL PAY:	
Starting _____	Ending _____

EMPLOYER _____ ADDRESS _____ PHONE _____
 TYPE OF BUSINESS _____ IMMEDIATE SUPERVISOR _____
 YOUR POSITION AND DUTIES _____
 REASON FOR LEAVING _____
 May we contact this employer for reference? Yes No

DATES OF EMPLOYMENT	
From: _____	To: _____
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
HOURLY OR ANNUAL PAY:	
Starting _____	Ending _____

REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last three years.

NAME	ADDRESS & PHONE	OCCUPATION	NO. OF YRS ACQUAINTED

PRE-EMPLOYMENT STATEMENT:

Please read carefully, initial each paragraph and sign below

 Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection if this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

 Initials I hereby authorize the California Science Center Foundation to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the California Science Center Foundation any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. I hereby release the California Science Center Foundation, my former employer and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

 Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the California Science Center Foundation. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option for either myself or the California Science Center Foundation, and that no promises or representations contrary to the foregoing are binding on the California Science Center Foundation unless made in writing and signed by me and the California Science Center Foundation's designated representative.

 Applicant's Signature

 Date

BACKGROUND INVESTIGATION

APPLICANT DISCLOSURE

The CALIFORNIA SCIENCE CENTER FOUNDATION will conduct a background investigation. The investigation will be comprehensive and may include inquiry into past employment, volunteer activities, and education, including but not limited to credit, criminal background information and driving record.

The CALIFORNIA SCIENCE CENTER FOUNDATION has contracted with IMI Data Search, Inc., 275 E. Hillcrest Dr., Suite 100 Thousand Oaks, CA 91360, to conduct the background investigation.

Furthermore, the CALIFORNIA SCIENCE CENTER FOUNDATION may obtain a consumer report or other information and may consult certain files that are available.

APPLICANT COPY

Keep This Copy for your Records

*(PARENT/GUARDIAN SHOULD ALSO RECEIVE A COPY
FOR APPLICATIONS SUBMITTED BY YOUTH/MINORS)*