

# APPLICATION FOR EMPLOYMENT



Minnesota Discovery Center  
 Attn: Human Resources  
 1005 Discovery Drive  
 Chisholm, MN 55719

Visit our website at: <http://www.mndiscoverycenter.com>

You must complete this form to apply for employment. Answers must be complete and legible.

Position for which you are applying \_\_\_\_\_

If position is unknown, please mark the department(s) you would be interested in working:

- |   |                                      |                                     |  |
|---|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Archives    | <input type="checkbox"/> Admissions | <input type="checkbox"/> Buildings & Grounds       |
| <input type="checkbox"/> Curatorial     | <input type="checkbox"/> Education   | <input type="checkbox"/> Library    | <input type="checkbox"/> Tour Guide/History Player |
| <input type="checkbox"/> Restaurant     | <input type="checkbox"/> Other _____ |                                     |  |

## Applicant Information

Name (Last, First, M.I.)			Area Code/Telephone No.	
Street Address			E-mail Address	
City			State	Zip Code
				County
Are you authorized to work in the United States on a full or part-time basis? <input type="checkbox"/> yes <input type="checkbox"/> No If No, please explain:				
Are any of your employment records under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please provide names:				

## Education and Training

Check all Applicable boxes. Attach photocopy of college transcript. (When required.)		Name of School and Degree (if Applicable)	Graduated?
<input type="checkbox"/>	High School Graduate/GED		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Associates Degree		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Bachelors Degree		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Masters Degree		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Other		<input type="checkbox"/> Yes <input type="checkbox"/> No

## Occupational Licenses, Registration, Certificates

License/Certificates Issued By	Field/Trade/Specialization	License/Certification No.	Issue Date	Expiration Date
Have you ever been discharged or suspended by an employer or resigned in lieu of dismissal? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, please explain:				
Are you related to anyone who currently works for Ironworld Development Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, please indicate names of relatives:				

## Employment History

Please list below all work-related experience, starting with the most recent employment. Provide a detailed description of regularly assigned ongoing duties for each job. Additional sheets may be attached if necessary.

Job Title	Dates of Employment (Month & Year) From: _____ To: _____	
Employer	Supervisor Name and Title	
Business Address	Starting/Ending Salary	Telephone No.
Description of job duties	Reason for leaving	

Job Title	Dates of Employment (Month & Year) From: _____ To: _____	
Employer	Supervisor Name and Title	
Business Address	Beginning/Ending Salary	Telephone No.
Description of job duties	Reason for leaving	

Job Title	Dates of Employment (Month & Year) From: _____ To: _____	
Employer	Supervisor Name and Title	
Business Address	Beginning/Ending Salary	Telephone No.
Description of job duties	Reason for leaving	

Job Title	Dates of Employment (Month & Year) From: _____ To: _____	
Employer	Supervisor Name and Title	
Business Address	Beginning/Ending Salary	Telephone No.
Description of job duties	Reason for leaving	

**Special Skills:** List training, licenses, office machines you can operate as well as any other skills which add to your qualifications.

Do you have computer skills? Please list software programs you have used:

Do we have permission to contact your present employer(s)?  Yes  No

Do we have permission to contact your previous employer(s)?  Yes  No

Check all that you are interested in:  full-time  part-time  seasonal

Date available for employment:

**References (List three PROFESSIONAL references who may be contacted)**

Name and Address	Telephone Number	Occupation
Name and Address	Telephone Number	Occupation
Name and Address	Telephone Number	Occupation

**Applicant Certification**

**I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE, AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.**

The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of Minnesota Discovery Center to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, pregnancy, or any other protected class based on federal, Minnesota State, and local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of Minnesota Discovery Center rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either Minnesota Discovery Center or I. I further understand that no representation, whether oral or written by any representative or agent of Minnesota Discovery Center, at any time, can constitute a contract of employment. I understand that the Minnesota Discovery Center and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance, or otherwise change all policies, procedures, benefits, or other terms or conditions of employment. No representative or agent of Minnesota Discovery Center, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit, or other term or condition of employment other than in a document signed by the Executive Director, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant Signature

Date