



Milton House Museum  
National Historic Landmark  
PO Box 245  
18 S Janesville Street  
Milton WI 53563  
608.868.7772

### SUMMER DOCENT APPLICATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ Address #2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Preferred Phone \_\_\_\_\_ Circle One: Home Mobile

Preferred Method of Contact (*circle one*) Phone Call Email Text Message Snapchat

Email: \_\_\_\_\_

Snapchat name (*if preferred method of contact*) \_\_\_\_\_

### Emergency Contact Information

*These would be the people for staff to contact if you were involved in an emergency and we need to contact someone on your behalf.*

#### Emergency Contact #1

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_ Phone # \_\_\_\_\_

#### Emergency Contact #2

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_ Phone # \_\_\_\_\_

### References – Please list two professional references

*Please do not list any family members. If you do not have any professional references, please use teachers/religious leaders/organization leaders.*

#### Reference # 1

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_

**Reference #2**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_

**Please list any related experience (include extracurricular activities at school)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Why do you want to work at the Milton House** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you have any customer service experience (circle one)** Yes No If yes, how many years \_\_\_\_\_

**Do you have any experience with money handling (circle one)** Yes No If yes, how many years \_\_\_\_\_

**Please list your availability (we are closed Mondays. Our hours of operation Tuesday – Sunday are 10 am – 4 pm)**

Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired. I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information. I also give the Milton House Museum permission to do a background check

**Signature of applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Thank you for taking the time to apply to be a summer docent of the Milton House Museum. The museum does not guarantee employment based on acceptance of the application. Museum staff will contact all applicants in regards to the status of their application.**

**\*For Office Use Only\***

*Date application received* \_\_\_\_\_

*Receive by staff member (initials)* \_\_\_\_\_