

Laura Ingalls Wilder Memorial Society, Inc.
APPLICATION FOR EMPLOYMENT

NAME: _____			Date: _____	
<i>Last</i>	<i>First</i>	<i>MI</i>		
ADDRESS: _____				
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	
HOME PHONE: _____		CELL PHONE: _____		
E-MAIL ADDRESS: _____				

POSITION FOR WHICH YOU ARE APPLYING:

Please list position title: _____

HAVE YOU EVER BEEN CONVICTED OF OR PLEAD GUILTY TO A FELONY?

- No
- Yes

HOURS PREFERRED:

- Full-time Seasonal (40 Hours/Week)
- Part-time Seasonal (20 Hours/Week)

HOW DID YOU LEARN OF THE POSITION?

- LIW Memorial Society Website
- Newspaper Ad
- Former Employee
- Employee (unrelated) Who? _____
- Employee (related) Who? _____
- Website – other _____
- Walk-in
- Other: _____

BEGINNING AND ENDING DATES AVAILABLE

TO WORK: _____

ARE THERE ARE HOURS, SHIFTS OR DAYS YOU CANNOT WORK?

- No
- Yes (when and why): _____

EDUCATION	NAME/LOCATION OF SCHOOL	MAJOR	DATE COMPLETED	DIPLOMA/DEGREE
High School				
College/University				
Other Training and Education				

Other position-related skills, knowledge, qualifications, or background you bring to this job:

WORK HISTORY

Please provide us with employment information for the last 10 years, indicating reasons for gaps in employment.

MOST RECENT EMPLOYER: _____
ADDRESS: _____ **PHONE:** _____
START DATE: _____ **END DATE:** _____ **ENDING PAY RATE/SALARY:** _____
STARTING POSITION: _____ **LEAVING POSITION:** _____
DESCRIPTION OF DUTIES: _____
REASON FOR LEAVING: _____

Please indicate reason for gap in employment, if any:

PREVIOUS EMPLOYER: _____
ADDRESS: _____ **PHONE:** _____
START DATE: _____ **END DATE:** _____ **ENDING PAY RATE/SALARY:** _____
STARTING POSITION: _____ **LEAVING POSITION:** _____
DESCRIPTION OF DUTIES: _____
REASON FOR LEAVING: _____

Please indicate reason for gap in employment, if any:

PREVIOUS EMPLOYER: _____
ADDRESS: _____ **PHONE:** _____
START DATE: _____ **END DATE:** _____ **ENDING PAY RATE/SALARY:** _____
STARTING POSITION: _____ **LEAVING POSITION:** _____
DESCRIPTION OF DUTIES: _____
REASON FOR LEAVING: _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in the Application for Employment are true and complete. I understand that if I am employed, false statements may result in my dismissal. Furthermore, upon knowledge at any time that anything on this application is false, this may also be grounds for my termination. I authorize the Laura Ingalls Wilder Memorial Society, Inc. to investigate the facts set forth in this application.

I understand that employment is "at will" which means that either I or the Laura Ingalls Wilder Memorial Society, Inc. or its agents can terminate my employment relationship at any time, with or without prior notice and for any reason *not prohibited by statute*. All employment is continued on that basis, I understand that no staff or agent of the Laura Ingalls Wilder Memorial Society, Inc. other than the Executive Director has any authority to alter the foregoing.

APPLICANT'S SIGNATURE: _____

DATE: _____

THANK YOU FOR YOUR INTEREST IN THE LAURA INGALLS WILDER MEMORIAL SOCIETY, INC.

The Laura Ingalls Wilder Memorial Society, Inc. (hereafter called the Memorial Society) is pleased that you are interested in becoming a member of our organization. We are proud of our heritage, the programs and services we provide, and our decades-long mission to preserve and promote the Ingalls-Wilder family legacy. We want your work experience to be enjoyable and meaningful. To help ensure a safe environment for you, our staff, and our guests, and to provide excellent programs and service, we carefully screen the backgrounds of all applicants. This screening may include a phone and/or in-person interview, as well as an investigation of work history, education, driving record, application information, and references.

APPLICANT DECLARATION OF UNDERSTANDING

I understand that the Memorial Society may conduct an investigation of the information I have noted on this application and as part of that investigation, may contact prior employers and references, among others. I authorize the Memorial Society, Inc. and their agents to conduct this investigation and I release from all liability and hold harmless any person giving or receiving information about me relative to this investigation.

- I understand that any falsification, misrepresentation or omission of information discovered as a result of this investigation may prevent my being hired or if hired, may subject me to immediate termination of employment with the Memorial Society.
- I understand that this application process does not create an employment contract.
- I understand that all employment at the Memorial Society. is “at will” meaning that that either I or the Society can terminate my employment relationship at any time, with or without prior notice and *for any reason not prohibited by statute*.
- I understand that my employment is subject to a 14-day introductory period and is contingent upon the outcome of all background, credit and security checks, as well as satisfactory work performance within the introductory period.
- I declare that I have never committed nor been convicted of any act of abuse, assault, neglect, exploitation, or fraud in relationship to any minor/vulnerable child or adult.
- I agree to inform the Executive Director of the Memorial Society. if I am charged with any felony or driving infraction.
- I understand that I will use my personal vehicle in the execution of my duties. I understand that my vehicle’s performance cannot negatively affect my ability to represent the Memorial Society, Inc. and perform my job duties.
- I understand that I must have a valid driver’s license and proof of automobile insurance to perform my job duties.

By signing this application, I agree that I have read and understand the declarations listed above and I assert that all information given in this application is true.

APPLICANT’S SIGNATURE: _____

DATE: _____

AUTHORIZATION FOR PERMISSION TO RELEASE CONFIDENTIAL INFORMATION

I hereby authorize the Laura Ingalls Wilder Memorial Society, Inc. and its employees or agents to verify, obtain copies of records, and gather any information required to complete an investigation pertaining to my submission of an application for employment.

AUTHORIZATION

I understand and give my permission to release any and all information from your files as permitted by law pertaining to Driving Records, Law Enforcement and Public Court Records, Credit Records, Employment, and Education Records.

RELEASE OF LIABILITY

I hereby forever release and discharge the Laura Ingalls Wilder Memorial Society, Inc. and its officers, directors, agents and employees, as well as successors, assigns and all other persons acting on its behalf, from any claims, liability, action for damages compensation or otherwise, known or unknown, on account of or arising out of the investigation and disclosure of the requested information.

I further release and discharge all liability from all companies, agencies, officers, officials, employees, and persons providing good faith, pertinent information and/or records as requested to successfully complete an investigation pertaining to my application of employment.

APPLICANTS MUST FILL IN ALL SPACES - PUT N/A IF NOT APPLICABLE

Name Printed (First Middle Last)

Maiden Name, Past/Married and/or Other Names I Have Used (Include Date Changed)

Street Address How Long Lived Here?

City State Zip () - (Area Code) Phone #

Social Security Number Date of Birth

Driver License Number State Driver License Issued In

ADDRESSES FOR PAST 5 YEARS

Street Address City State Zip From To

Street Address City State Zip From To

Street Address City State Zip From To

