



ADIRONDACK EXPERIENCE™

The Museum on Blue Mountain Lake

theADKX.org/employment

Employment Application

Adirondack Experience is an Equal Opportunity Employer.

Send applications via email to LDobbins@theadkx.org or to the address above, Attention: Human Resources.

PERSONAL INFORMATION

Name _____ Date _____
LAST FIRST MIDDLE

Present Address _____
STREET CITY STATE ZIP

Permanent Address _____
STREET CITY STATE ZIP

Phone No. _____ Email Address: _____

Are you 18 Years or older? Yes _____ No _____

Are you prevented from lawfully becoming employed in this country because of VISA or immigration status? Yes _____ No _____

EMPLOYMENT DESIRED

Position: _____ Date you can start: _____ Salary desired: _____

Employment desired: Full-time _____ Part-Time _____ Seasonal (May through October) _____

If Seasonal, what days are you available to work? _____ Can you work weekends? _____

Ever applied before? _____ What position? _____ When? _____

Referred by: _____ How did you learn of this opening? _____

EDUCATION

Name & location of School

No. of Years Completed

Did you Graduate?

Major & Degree

High School

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College

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Business or Trade School

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GENERAL

Special skills or subjects of special study: _____

Memberships in Professional or Civic Organizations: _____

(Exclude those that may disclose your race, color, religion, or national origin)

WORK EXPERIENCE: Beginning with your PRESENT OR MOST RECENT employment, list your last three employers.

Date	Name and Address of Employer	Salary	Position & Duties	Reason for Leaving
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				

Explain any gaps in your employment: _____

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

Name	Address	Phone	Business	Years known

APPLICANT'S ACKNOWLEDGEMENT

I certify that all the information provided in this application is true and complete to the best of my knowledge. I understand that if any false or misleading information I knowingly provide is discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. I authorize the investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand that if I am employed, I am required to abide by all the rules and regulations of the Adirondack Experience. I also understand all employment at the museum is At-Will, unless the parties enter into a written agreement signed by the Adirondack Experiences' Director. Just as I may resign for any reason, the Adirondack Experience may terminate my employment for any reason.

Date: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Date: _____

Remarks: _____

Hired: Yes No Position: _____ Dept.: _____

Salary/Wage: _____ Starting Date: _____ Approved: _____

SUPERVISOR

HUMAN RESOURCES MANAGER