# IMA INDIANAPOLIS MUSEUM OF ART

#### **EMPLOYMENT APPLICATION**

#### EQUAL OPPORTUNITY EMPLOYER

The Indianapolis Museum of Art is an equal opportunity employer. Federal and State laws prohibit discrimination in employment practices because of your race, color, religion, age, sex, national origin or disability. No question on this application is asked for the purpose of

limiting or excluding any applicant's consideration for employment (because of his or her race, color, religion, sex, national origin or disability). Applicants who need accommodation for the application process may request it.

## PERSONAL (please print)

LAST NAME	FIRST	MIDDLE	HOME TELEPHONE			
CURRENT ADDRESS	CITY	STATE	ZIP CODE			
EMAIL ADDRESS						
Are you 18 years of age or older? OYes ONo If under 18, list date of birth						
Are you a United States citizen or otherwise authorized to work in the U.S. on an unrestricted basis? OYes ONo						
If no, please explain						

## EMPLOYMENT DESIRED

Position(s) applying for:

1ST CHOICE	2ND CHOICE	3RD C	CHOICE			
Type of employment you are seeking: OFull-time OPart-time OTemporary						
I can work between the hours of Oam Opm & Oam Opm						
I cannot work between the hours of Oam Opm & Oam Opm						
Date available for work:		Wages expected:				
Have you been employed by the IMA b	efore? (Yes ()No	Have you applied here before? 🔘	)Yes ONo If yes, give date:			
From what specific source did you learn of this position?						
Names of employees of the IMA with w	hom you are related or a	cquainted:				

EDUCATION				
NAME AND LOCATION OF SCHOOL		GRADUATED DEGREE OR DIPLOMA		
		O yes O no		
HIGH SCHOOL				
COLLEGE / VOCATIONAL / BUSINESS SCHOOL				
COLLEGE / VOCATIONAL / BUSINESS SCHOOL				
COLLEGE / VOCATIONAL / BUSINESS SCHOOL		O yes O no		
EMPLOYMENT EXPERIENCE				
EMPLOYER	TELEPHONE / ADDRESS		POSITION HELD	
SUPERVISOR	REASON FOR LEAVING	DATES EMPLOYED: FROM/TO	HOURLY RATE/SALARY: STARTING/FINAL	
		MAY WE CONTACT THIS EMPLOYE	R FOR A REFERENCE? $\bigcirc$ YES $\bigcirc$ NO	
WORK PERFORMED			0 0	
EMPLOYER	TELEPHONE / ADDRESS		POSITION HELD	
SUPERVISOR	REASON FOR LEAVING	DATES EMPLOYED: FROM/TO	HOURLY RATE/SALARY: STARTING/FINAL	
		MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? OYES ONO		
WORK PERFORMED				
EMPLOYER	TELEPHONE / ADDRESS		POSITION HELD	
SUPERVISOR	REASON FOR LEAVING	DATES EMPLOYED: FROM/TO	HOURLY RATE/SALARY: STARTING/FINAL	
		MAY WE CONTACT THIS EMPLOYE	FOR A REFERENCE? OYES ONO	
WORK PERFORMED				
If you need additional space, please continue	on a separate sheet of paper.			
Why do you wish to leave your pres	ent employer?			
Have you ever been discharged or r	equested to resign from a jol	b? 🔾 Yes 🔘 No If yes, please e	explain	
Are you on a lay-off and subject to i	recall? 🔿 Yes 🔿 No			
State any additional information yo	u think would be of interest t	o us in considering vour applicat	tion.	

#### APPLICANT'S STATEMENT (Please read carefully before signing.)

I certify that the information contained in this application is true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate discharge whenever it is discovered.

I authorize the release of any and all pertinent information concerning my previous employment/education that my prior employers/school may have, personal or otherwise, and any other background check deemed appropriate for my position, including but not limited to, a limited criminal records check and driver's license check. I release all parties from liability for any damages that may result from providing the information to the IMA. I understand that statements which may be contained in policies, practices, handbooks and other museum material do not create any contract express or implied, or guarantee employment. I understand that the IMA has the absolute and unconditional right to modify, amend or terminate policies, practices, benefit plans and other museum programs as it sees fit.

In consideration of my employment, I agree to conform to the rules, regulations and policies of the IMA and agree that my employment and compensation may be terminated at any time at the discretion of myself or by the IMA with or without cause. I understand that no representative of the IMA other than the director has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to these four (4) paragraphs, and that such agreement must be in writing and signed by the director.

This application is considered current for 60 days. If you wish to be considered for later employment, you must renew your application in person or in writing.

I have read and understand the foregoing five (5) paragraphs and have voluntarily agreed to them.

/ IMA