

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
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CURRENT ADDRESS	CITY	STATE	ZIP CODE
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Are you 18 years of age or older? ☐ Yes ☐ No 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? ☐ Yes ☐ No

If no, please explain. _____

EMPLOYMENT DESIRED

Position(s) applying for:

[illegible]

Type of employment you are seeking: ☐ Full-time ☐ Part-time ☐ Temporary

I can work between the hours of _____ ☐am ☐pm & _____ ☐am ☐pm

I cannot work between the hours of _____ am pm & _____ am pm

Date available for work: _____ Wages expected: _____

Have you been employed by the IMA before? ☐ Yes ☐ No Have you applied here before? ☐ Yes ☐ No If yes, give date: _____

From what specific source did you learn of this position? _____

Names of employees of the IMA with whom you are related or acquainted: _____

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DEGREE OR DIPLOMA

☐ YES ☐ NO

☐ YES ☐ NO

☐ YES ☐ NO

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POSITION HELD

HOURLY RATE/SALARY: STARTING/FINAL

MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? ☐ YES ☐ NO

POSITION HELD

HOURLY RATE/SALARY: STARTING/FINAL

MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? ☒ YES ☐ NO

POSITION HELD

HOURLY RATE/SALARY: STARTING/FINAL

MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? ☒ YES ☐ NO

If you need additional space, please continue on a separate sheet of paper.

Why do you wish to leave your present employer?

Have you ever been discharged or requested to resign from a job? ☐ Yes ☒ No If yes, please explain.

Are you on a lay-off and subject to recall? ☐ Yes ☒ No

State any additional information you think would be of interest to us in considering your application.

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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.

DATE _____

Completed application can be faxed (317-920-2655) or emailed (hr@imamuseum.org).