



# 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 [mLaw@theadkx.org](mailto:mLaw@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		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