



Bootheel Youth Museum AmeriCorps Application

Name _____ SS# _____
Last First MI

Present Address _____

Home Phone () _____ Emergency Phone () _____

Male ____ Female ____ Date of Birth ___/___/___/

Are you either a US citizen or an alien authorized to work in the United States? Yes No

EDUCATION				
	School	Graduated	Year Grad	Type of Degree
Grammar		Y N		
High School		Y N		
College		Y N		
Other		Y N		

EMPLOYMENT/VOLUNTEER HISTORY

(List your last three employers, starting with the most recent first.)

Month and Year for Each		Name and Address of Employer	Salary	Position	Reason for Leaving
From	To				
From	To				
From	To				

Volunteer Term: Please select the term of service which best suits your time and availability:

- Full Time 1700 hours
- Half Time 900 hours
- Reduced Halftime 675 hours
- Minimum Time 300 hours

Have you ever been convicted of a felony or a misdemeanor? * Yes____ No____

If Yes, please describe:

*You will not be denied acceptance solely because of a conviction record, unless the offense is related to the position for which you have applied. However if you do not disclose a past offense understand that upon knowledge of the offense by museum staff you will be terminated.

(CONTINUED ON OTHER SIDE)

REFERENCES

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

NAME and ADDRESS	Mailing Address	OCCUPATION	PHONE

Are you employed now? _____ If so, may we inquire of your present employer? _____

Date and Time Available

Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if accepted into the AmeriCorps program, falsified statements on this application shall be grounds for dismissal.

I authorize 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 and agree that, if accepted, my service is voluntary and for the period of August 15, 2011 through July 30, 2012, and that all payments to me are considered a living expense stipend and I am not considered a BYM staff member, and will be ineligible for unemployment benefits for time served on behalf of the BYM AmeriCorps program.

I understand that, if accepted, I will be subject to drug test administered through a third party commissioned by the museum.

I understand that I will be subject to a background check administered by the Federal Bureau of Investigation commissioned by the museum.

SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY

INTERVIEW DATE / / AMERICORPS POSITION _____

ACCEPTANCE DATE / / TERMINATION DATE / /

DRUG TEST DATES(s) / / / / / / / /

TRAINING DATES(s) / / , / / , / / , / /

RECEIVED POLICIES and POSITION DESCRIPTIONS: Yes / No Date: / /