



Employment Application Form

Staff Intern

Instructions:

- a. Please answer ALL questions do not write "See Resume"
- b. Please PRINT; use black or blue ink or type
- c. A SEPARATE application for EACH POSITION is required.

Email to: hr@janm.org or **Mail application to:**
Japanese American National Museum
100 N. Central Ave.
Los Angeles, CA 90012

PERSONAL			
Name:	Last	First	Middle
			Social Security Number
ADDRESS: Number		Street	
			Home Telephone Number ()
City	State	Zip	
			Cell Phone ()
Email Address:			
Relatives employed by the Japanese American National Museum: (state name and relationship)			

* **Position Applying For:** _____

How did you hear about this position? _____

Do you have previous work experience with the Japanese American National Museum? Yes / No

If yes, in what capacity? _____

After employment, can you submit verification of your legal right to work in the United States? Yes / No

EDUCATION		
High School & Location	Do you have a diploma or GED? Yes / No	
College/University/Trade School	Did you graduate? Yes/ No Year degree earned:	Major/Specialty:
College/University/Trade School	Did you graduate? Yes/ No Year degree earned:	Major/Specialty:
College/University/Trade School	Did you graduate? Yes/ No Year degree earned:	Major/Specialty:

PROFESSIONAL REFERENCES		
Full Name	Address	Telephone Number () Email
Full Name	Address	Telephone Number () Email
Full Name	Address	Telephone Number () Email

PAID WORK EXPERIENCE (DO NOT WRITE "See Resume" - Begin with most recent employer)

It is very important that you present an accurate picture of how your experience qualifies you for employment. Starting with your most recent position, list all experience. Use additional sheets if necessary. Your qualifications will be initially determined based on this application. Resumes will not be accepted in lieu of a completed application.

Current/Recent Employer Name	Supervisor Name/Title	Telephone Number ()
Employer Address	Dates of Employment (mm/dd/yy) From: To:	Email:
City State Zip	Current/Most Recent Position Title & Duties	
Reason for Leaving		

May we contact your current employer? Yes / No If no, why not? _____

When can we contact? _____

Employer Name	Supervisor Name/Title	Telephone Number ()
Employer Address	Dates of Employment (mm/dd/yy) From: To:	Email:
City State Zip	Position Title & Duties	
Reason for Leaving		

Employer Name	Supervisor Name/Title	Telephone Number ()
Employer Address	Dates of Employment (mm/dd/yy) From: To:	Email
City State Zip	Position Title & Duties	
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Employer Name	Supervisor Name/Title	Telephone Number ()
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City State Zip	Position Title & Duties	
Reason for Leaving		

Employer Name	Supervisor Name/Title	Telephone Number ()
Employer Address	Dates of Employment (mm/dd/yy) From: To:	Email
City State Zip	Position Title & Duties	
Reason for Leaving		

VOLUNTEER/COMMUNITY SERVICE EXPERIENCE		
Organization Name	Contact Name/Title	Telephone Number ()
Address	Dates of Experience (mm/dd/yy) From: To:	
City State Zip	Position/Duties:	

Organization Name	Contact Name/Title	Telephone Number ()
Address	Dates of Experience (mm/dd/yy) From: To:	
City State Zip	Position/Duties:	

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Organization Name	Contact Name/Title	Telephone Number ()
Address	Dates of Experience (mm/dd/yy) From: To:	
City State Zip	Position/Duties:	

OTHER TRAINING/SKILLS (Relevant to the job you are applying for)	
Office Machines/Computers	Other:
Foreign Languages/Fluency	

Applicant Certification: PLEASE READ BEFORE SIGNING. I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. I understand that statements made are subject to verification and that any misrepresentation, fraud, or omission of material facts may result in denial for employment or used for disciplinary action, including dismissal, after employment.

I hereby authorize representatives of the Japanese American National Museum to contact organizations (including employers and schools) and individuals listed for the purpose of establishing or verifying my qualifications, work history, and work habits in connection with this application for employment. I understand and acknowledge that such information will be used confidentially and for the purpose of employment decisions only. It will not become part of my personnel records once I am employed and will not be available for review by me.

Signature of Applicant: _____

Date: _____

The Japanese American National Museum is an Equal Opportunity Employer.

All qualified applicants will receive consideration for employment without regard to their race, religion, ancestry, national origin, sex, sexual orientation, age, genetic information, disability, marital status, domestic partner status, or medical condition.