

National Corvette Museum

350 Corvette Drive, Bowling Green, KY 42101



APPLICATION FOR EMPLOYMENT

The National Corvette Museum is an Equal Opportunity Employer. Employment decisions are made without regard to race, sex, religion, national origin, age, color, physical or mental disability or veteran status of the applicant.

Date: _____

Position Applied For _____

Are you interested in full or part time work? _____

Number where you can be reached: _____

PERSONAL

Last Name	First	Middle Initial		
Street Address	City	State/Zip	Driver's License Number	State

Emergency Contact: _____ Phone Number: Work _____ Home _____
Other _____

Are you related or know anyone employed at the National Corvette Museum or Motorsports Park Yes _____ No _____
If Yes: Name: _____

EDUCATION

School (Name and Location)	Type of Degree/Diploma Received	Number of Years/Hrs Completed	Major/Special Training
High School			
College (Undergraduate)			
College (Graduate)			
Business/Technical School			

GENERAL

Salary Desired _____ Date Available to Work _____ Will you work overtime? Yes() No() Number of Hours Available and/or what days and hours _____
Have you ever been convicted of a felony? _____ If yes, please explain _____
Yes() No ()

PERSONAL REFERENCES

Name	Address	City/State/Zip	Phone	Job Title
1.				
2.				
3.				

WORK HISTORY – List all employment beginning with most recent. Attach additional sheets if necessary.

1. Company Name	Address	Phone Number
Dates of Employment	Position(s) Held	Name of Immediate Supervisor
Rate of Pay: Starting _____ Ending _____	Describe your Duties	
Special Equipment Operated or Skills Used	Reason For Leaving	
2. Company Name	Address	Phone Number
Dates of Employment	Position(s) Held	Name of Immediate Supervisor
Rate of Pay: Starting _____ Ending _____	Describe your Duties	
Special Equipment Operated or Skills Used	Reason For Leaving	
3. Company Name	Address	Phone Number
Dates of Employment	Position(s) Held	Name of Immediate Supervisor
Rate of Pay: Starting _____ Ending _____	Describe your Duties	
Special Equipment Operated or Skills Used	Reason For Leaving	
4. Company Name	Address	Phone Number
Dates of Employment	Position(s) Held	Name of Immediate Supervisor
Rate of Pay: Starting _____ Ending _____	Describe your Duties	
Special Equipment Operated or Skills Used	Reason For Leaving	

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSE 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, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I FURTHER AUTHORIZE THE NCM TO DO AN EXTENSIVE BACKGROUND INVESTIGATION, SHOULD THEY REQUIRE ONE FOR THE POSITION OF WHICH I AM APPLYING.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE.

Date: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE

Hired: Y N	Start Date	Department	Title	Rate of Pay
References Checked By:	Date:			