



1130 State Street
 Santa Barbara, CA 93101
 (805) 963-4364
 (805) 966-6840 FAX
www.sbma.net

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, religion (including religious dress and grooming practices), color, sex/gender (including pregnancy, childbirth, breastfeeding or related medical conditions, sex stereotype, gender identity/gender expression/transgender (including whether or not you are transitioning or have transitioned), or sexual orientation, national origin (including language use restrictions and possession of a driver's license issued to persons unable to prove their presence in the United States is authorized under federal law [Vehicle Code section 12801.9]), ancestry, physical or mental disability, medical condition, genetic information/characteristics, marital status/registered domestic partner status, age (40 and above), military or veteran status, victim of domestic violence, sexual assault or stalking status, or other characteristics protected by applicable civil rights statutes.

(PLEASE PRINT)

Position Applied For	Date of Application	Expected Salary or Hourly Rate
Last Name	First Name	Middle Name
Address:		
Number/Street	City	State
		Zip Code
Telephone Number(s)		E-mail (for application-related contact only)
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement/Posting (please specify) _____ <input type="checkbox"/> Friend _____ <input type="checkbox"/> Walk-In _____		
<input type="checkbox"/> Employment Agency _____ <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other: _____		

If you are less than 18 years of age, can you provide required proof of your identity and eligibility to work in the United States? Yes No N/A

Have you ever filed an application with us before? Yes No
 If yes, give date and position: _____

Have you ever been employed with us before? Yes No
 If yes, give date and position: _____

If hired, would you have a reliable means of transportation to and from work? Yes No

Can you travel if a job requires it? Yes No

Education

	Name and Address of School	Course of Study	Number of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

Specialized Skills:

<input type="checkbox"/> PC	<input type="checkbox"/> MS Office Suite:	<input type="checkbox"/> Outlook
<input type="checkbox"/> Phone System	<input type="checkbox"/> MS Word	<input type="checkbox"/> Excel
<input type="checkbox"/> Database: _____	<input type="checkbox"/> Power Point	<input type="checkbox"/> Other:

Employment Experience

Start with your present or last job and include your employment history for the past 10 years. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected statuses.

Employer:

Job Title:	From: / /	Address
Supervisor:		Telephone Number(s)
Supervisor Title:	To: / /	Supervisor Email:

Work Performed:

Reason for Leaving:

- May we contact this employer: Yes No (If not, why not?)
- Was the conclusion of your employment with this employer initiated by the employer or by you? : Yes No
- Were you terminated for performance or conduct reasons? : Yes No
- If you resigned, did you do so entirely of your own volition, or were you asked to resign or given the opportunity to resign in lieu of being terminated?: Yes No
- Were you advised by the employer of any performance or conduct issues that led to your termination?: Yes No
- If so, what were they? _____

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Supervisor:		Telephone Number(s)
Supervisor Title:	To: / /	Supervisor Email:

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List professional, trade, business or civic activities and offices held.

NOTE: You may exclude any membership that would reveal any characteristic among those listed under our Equal Employment Opportunity statement at the top of this application.

Summarize special job-related skills and qualifications acquired from employment or other experience.

Describe any specialized training courses, apprenticeship skills:

Describe any job-related training received in the United States military:

Employment and Professional References: (exclude relatives)

List below at least three persons not related to you who have knowledge of your work performance within the last three years.

Name	Phone:	Relationship:
Title:	e-mail:	Number of Years Acquainted:
Address:		

Name	Phone:	Relationship:
Title:	e-mail:	Number of Years Acquainted:
Address:		

Name	Phone:	Relationship:
Title:	e-mail:	Number of Years Acquainted:
Address:		

Name	Phone:	Relationship:
Title:	e-mail:	Number of Years Acquainted:
Address:		

APPLICANT'S STATEMENT

Please Read Carefully, Initial Each Paragraph and Sign Below.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initial

I hereby authorize the Santa Barbara Museum of Art to thoroughly investigate my references, work record, education and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Museum, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initial

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Museum. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Museum's designated representative.

Initial

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Initial

The Museum will consider qualified applicants, including those with criminal histories, in a manner consistent with state and local "Fair Chance" laws.

Initial

Signature of Applicant

Date