



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, religious creed, color, national origin, ancestry, age physical or mental disability, medical condition, genetic information, marital status, military or veteran status, sex (which includes pregnancy, childbirth, breastfeeding and medical conditions related to pregnancy, childbirth and breastfeeding), sexual orientation, gender identity or expression, victim of domestic violence, sexual assault or stalking status, or other characteristics protected by applicable civil rights statutes.

(PLEASE PRINT)

Last Name		First Name		Middle Name	
Address:	Number/Street	City	State	Zip Code	
Telephone Number(s)			E-mail (for application-related contact only)		
Position Applied For		Date of Application		Expected Salary or Hourly Rate	

How Did You Learn About Us?

<input type="checkbox"/> Advertisement	<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: _____ Position: _____

Have you ever been employed with us before? Yes No
 If yes, give dates: _____ to _____ Position: _____

Can you travel if a job requires it? Yes No

Have you ever been convicted of a crime or pleaded guilty or no contest to**? Yes No
 If Yes, please give details:

A **YES** answer will not automatically disqualify you from employment.

** You should not list information concerning any of the following: (i) referral to, and participation in, any pretrial or post-trial diversion program; (ii) convictions that have been judicially dismissed, expunged, or ordered sealed pursuant to law, including, but not limited to, Sections 1203.4, 1203.4a, 1203.45, and 1210.1 of the Penal Code; (iii) misdemeanor convictions for which probation has been completed and the case dismissed by the court; (iv) convictions for violations of California Health and Safety Code §11357(b) or (c), 11360(c), 11364, 11365, or 11150 (which concern possession of less than an ounce of marijuana, transportation or sale of less than one ounce of marijuana, possession of a marijuana pipe or similar marijuana paraphernalia, being in a place where marijuana is smoked, or being under the influence of marijuana).

EDUCATION

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

Describe any specialized training, apprenticeship, skills.

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

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		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title				
Supervisor Name	Supervisor Phone			
Reason for Leaving: May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No (If not, why not?) Was the conclusion of your employment with this employer initiated by the employer or by you? : <input type="checkbox"/> You <input type="checkbox"/> Employer Were you terminated for performance or conduct reasons? : <input type="checkbox"/> Yes <input type="checkbox"/> No If you resigned, did you do so entirely of your own volition, <input type="checkbox"/> Yes <input type="checkbox"/> No Or, were you asked to resign or given the opportunity to resign in lieu of being terminated?: <input type="checkbox"/> Yes <input type="checkbox"/> No Were you advised by the employer of any performance or conduct issues that led to your termination?: <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what were they? _____				

Employer		Dates Employed		Work Performed
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Telephone Number(s)				
Job Title				
Supervisor Name	Supervisor Phone			
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List professional, trade, business or civic activities and offices held.
<i>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.</i>

ADDITIONAL INFORMATION

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

SPECIALIZED SKILLS Check Skills/Equipment Operated

<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:

State any additional information you feel may be helpful to us in considering your application.

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED THE ESSENTIAL JOB DUTIES FOR THE JOB FOR WHICH YOU ARE APPLYING.

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No If No, describe the functions that cannot be performed:

(Note: We comply with the ADA and comparable California law, and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Employment and Professional References (exclude relatives)

Name:	Phone:	Relationship:
	e-mail:	
Address:		
Name:	Phone:	Relationship:
	e-mail:	
Address:		
Name:	Phone:	Relationship:
	e-mail:	
Address:		

APPLICANT'S STATEMENT

I certify that I have not knowingly withheld information that might adversely affect my chances for employment and that the answers given by me are true, correct and complete to the best of my knowledge. I understand that any omission or misstatement of material fact on this application may result in the rejection of my application or my immediate discharge if I am employed; regardless of the time elapsed before discovery.

I hereby authorize Santa Barbara Museum of Art to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorized the references I have listed to disclose to Santa Barbara Museum of Art information related to my work records and for investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, without giving me prior notice of such disclosure.

This application for employment shall be considered for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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 for employment for any specified period of time. I understand and agree that if I am offered employment with the Museum, my employment will not be for any definite or specified period of time, will be an "at-will" employment relationship, and may be terminated at any time, with or without cause, at the option of either myself or the Museum. I understand that this "at will" nature of my employment relationship with the Museum may not be changed unless such change is specifically acknowledged in writing by an authorized executive of Museum. I acknowledge and agree that in applying for and accepting any employment with the Museum, I have not relied, and will not rely, on any oral or written statement to the contrary.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date