



JAPANESE AMERICAN NATIONAL MUSEUM

Application

Please Check
Staff Intern

Instructions:

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

Bring or Mail this 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 experience with the Japanese American National Museum? Yes / No If

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?	
College/University/Trade School	Did you graduate? Year degree earned:	Major/Specialty:
College/University/Trade School	Did you graduate? Year degree earned:	Major/Specialty:
College/University/Trade School	Did you graduate? 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	Position/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/Duties	
Reason For Leaving		

Employer Name	Supervisor Name/Title	Telephone Number
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Employer Name	Supervisor Name/Title	Telephone Number
Employer Address	Dates Of Employment (mm/dd/yy) From: To:	Email
City State Zip	Position/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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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:	

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 of their race, religion, ancestry, national origin, sex, sexual orientation, age, genetic information, disability, marital status, domestic partner status, or medical condition.