



APPLICATION FOR EMPLOYMENT

PHONE: 515-274-6868
EMAIL: scihr@sciowa.org
FAX: 515-274-3404
WEB: sciowa.org/jobs

**SCIENCE
CENTER
OF IOWA**

_____ Date

PERSONAL DATA

Full Name - Last	First	Middle		
Present Address – Street	City	State	Zip	Telephone
Alternate Address – Street	City	State	Zip	Telephone
E-mail Address	Are you a citizen of the U.S. or can you submit verification of your legal right to work in the U.S.?* <input type="checkbox"/> YES <input type="checkbox"/> NO			

*Upon receipt of a conditional offer of employment, you must submit verification of your legal right to work in the United States.

GENERAL INFORMATION

Position Applying For	Salary Requirements	Date Available
Have you ever applied at SCI before? If yes, when?	Have you ever interviewed with SCI before? If yes, when and for what position?	
Have you ever used any other name? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain.	Are you able to perform the essential functions of this position with or without reasonable accommodation?	
Were you ever previously employed by SCI? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when and in what position?	Have you ever been convicted of a misdemeanor or felony? * <input type="checkbox"/> YES <input type="checkbox"/> NO	
Please list the hours you are available and the number of hours you desire to work per week.		

*Yes will not automatically disqualify you for consideration for employment. Employment is contingent upon eligibility for bonding.

For Internal Use

Interviews Scheduled

#	Date	Time	With
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

EDUCATION

	NAMES AND LOCATION	MAJOR FIELD	DID YOU GRADUATE?	TYPE OF DEGREE	NUMBER OF YEARS ATTENDED
High School					
College					
Graduate School					
Other Schools					

Note: All degrees listed above may require written verification prior to employment.

Use this space to describe any volunteer experience, skills, or special training, educational honors, extracurricular activities, professional societies or other information you wish considered (if unrelated to ethnic or religious groups or organizations):

PROFESSIONAL REFERENCES

Please provide at least three business or professional references.

NAME	TITLE	COMPANY NAME	COMPANY ADDRESS	TELEPHONE

WORK HISTORY

(begin with current employer)

Employer	Dates		Name Employed Under
Address	From (MO/YR)	To (MO/YR)	Position Title
City, State and Zip	Salary		Duties
Phone Number	Starting	Final	
Immediate Supervisor	Weekly Scheduled Hours		Reason for Leaving
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Employer	Dates		Name Employed Under
Address	From (MO/YR)	To (MO/YR)	Position Title
City, State and Zip	Salary		Duties
Phone Number	Starting	Final	
Immediate Supervisor	Weekly Scheduled Hours		Reason for Leaving
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Employer	Dates		Name Employed Under
Address	From (MO/YR)	To (MO/YR)	Position Title
City, State and Zip	Salary		Duties
Phone Number	Starting	Final	
Immediate Supervisor	Weekly Scheduled Hours		Reason for Leaving
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Employer	Dates		Name Employed Under
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May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Employer	Dates		Name Employed Under
Address	From (MO/YR)	To (MO/YR)	Position Title
City, State and Zip	Salary		Duties
Phone Number	Starting	Final	
Immediate Supervisor	Weekly Scheduled Hours		Reason for Leaving
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			

PLEASE READ CAREFULLY BEFORE SIGNING.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize the references listed in this application, including personal and employment references, to provide you with all information pertinent to this application and I release all parties from liability for any damages that may result from the release of any information as part of the employment verification process.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no promise or guarantee is binding upon the Company unless made in writing. 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 Company, and that, if employed, my employment is at will and that I have the right to terminate my employment at any time for any reason and that the Company retains the same right.

I understand and agree that in accordance with Federal law, I must provide proof of identity and proof of eligibility to work in this country upon the event of employment. Failure to submit such proof within the required time shall result in immediate termination of employment. It is further understood that any job offer will be contingent upon satisfactory background checks (criminal and child abuse). In the event of employment, I understand that I may not engage in any activities that constitute a conflict of interest between me and the Company.

SIGNATURE OF APPLICANT

DATE

Please Return Application to:

Human Resources
Science Center of Iowa
401 W Martin Luther King Jr Parkway
Des Moines, IA 50309
Phone 515-274-6868 x251
Fax 515-274-3404
scihr@sciowa.org