



# APPLICATION FOR EMPLOYMENT

Please complete this form and return it to:

Human Resources Department  
San Francisco Museum of Modern Art  
151 Third Street  
San Francisco, CA 94103

SFMOMA is an equal opportunity employer. It is our policy to employ the best qualified personnel. This is done without regard to race, color, religion, sex, national origin or ancestry, age, marital status, veteran status, disability, medical condition, sexual orientation, or any other status protected by federal, state, or local law.

DATE OF APPLICATION \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

IF UNDER AGE 18, CAN YOU FURNISH A WORK PERMIT?  YES  NO

POSITION APPLIED FOR \_\_\_\_\_

DATE AVAILABLE \_\_\_\_\_

SALARY REQUIREMENTS \_\_\_\_\_

ARE YOU ABLE TO WORK (CHECK ALL THAT APPLY)  FULL-TIME  PART-TIME  TEMPORARY  ON-CALL

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?  YES  NO  
(PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT.)

ARE YOU EMPLOYED NOW?  YES  NO

MAY WE CONTACT YOUR PRESENT EMPLOYER?  YES  NO

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE?  YES  NO

IF YES, GIVE DATES \_\_\_\_\_

NAME OF RELATIVES CURRENTLY EMPLOYED BY SFMOMA (IF ANY) \_\_\_\_\_

INDICATE LANGUAGE(S) OTHER THAN ENGLISH THAT YOU SPEAK, READ, AND/OR WRITE \_\_\_\_\_

Only for positions requiring driving:

DO YOU HAVE A VALID OPERATOR'S LICENSE?  YES  NO

MOVING VIOLATIONS OR ACCIDENTS IN THE PAST 3 YEARS?  YES  NO

LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

	HIGH SCHOOL	COLLEGE/UNIVERSITY	COLLEGE/UNIVERSITY	GRADUATE SCHOOL
SCHOOL NAME				
LOCATION				
YEARS COMPLETED:				
DATES OF ATTENDANCE (FROM/TO)				
DIPLOMA/DEGREE				
MAJOR				
MINOR				
GPA/ CLASS RANK				
JOB RELATED COURSES				

**SKILLS AND EXPERIENCE**TYPING             YES    NOPERSONAL COMPUTING    YES    NO    MAC             YES    NO    PC              YES    NO10-KEY             YES    NO

OTHER:

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LIST COMPUTER, DATA/WORD PROCESSING, OFFICE EQUIPMENT, TYPING, SHORTHAND, FOREIGN LANGUAGES, LICENSES, OR OTHER SKILLS AND TRAINING YOU CONSIDER RELEVANT TO EMPLOYMENT AT SFMOMA.

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**EMPLOYMENT HISTORY** (PLEASE LIST CURRENT OR LAST EMPLOYER FIRST)

RESUME ATTACHED

IF RESUME IS ATTACHED, PLEASE COMPLETE SALARY INFORMATION, NAME OF SUPERVISOR, AND REASON FOR LEAVING FOR EACH POSITION LISTED.

**Employer One**

DATES OF EMPLOYMENT (FROM/TO) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

BEGINNING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_ WORK PHONE \_\_\_\_\_

WORK PERFORMED \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**Employer Two**

DATES OF EMPLOYMENT (FROM/TO) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

BEGINNING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_ WORK PHONE \_\_\_\_\_

WORK PERFORMED \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**Employer Three**

DATES OF EMPLOYMENT (FROM/TO) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

BEGINNING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_ WORK PHONE \_\_\_\_\_

WORK PERFORMED \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**EMPLOYMENT HISTORY CONTINUED**

**Employer Four**

DATES OF EMPLOYMENT (FROM/TO) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

JOB TITLE \_\_\_\_\_

BEGINNING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_ WORK PHONE \_\_\_\_\_

WORK PERFORMED \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**Employer Five**

DATES OF EMPLOYMENT (FROM/TO) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

JOB TITLE \_\_\_\_\_

BEGINNING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_ WORK PHONE \_\_\_\_\_

WORK PERFORMED: \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**MILITARY SERVICE**

DATES (FROM/TO) \_\_\_\_\_

BRANCH OF SERVICE \_\_\_\_\_

DESCRIPTION OF DUTIES PERFORMED IF RELEVANT TO JOB QUALIFICATIONS.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## GENERAL INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A CRIME (FELONY OR MISDEMEANOR)?  YES  NO

IF YES, PLEASE EXPLAIN

A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT

HAVE YOU BEEN INVOLUNTARILY DISCHARGED OR SUSPENDED FROM EMPLOYMENT IN THE LAST 5 YEARS?  YES  NO

IF YES, PLEASE EXPLAIN

WHERE DID YOU LEARN ABOUT THIS EMPLOYMENT OPPORTUNITY?

## REFERENCES

PLEASE LIST NAME, TELEPHONE AND/OR EMAIL INFORMATION OF THREE BUSINESS/WORK REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUSLY LISTED IN THE EMPLOYMENT HISTORY SECTION AS A SUPERVISOR. IN ABSENCE OF EMPLOYMENT HISTORY, PLEASE LIST SCHOOL, VOLUNTEER, OR PERSONAL REFERENCES.

NAME	TELEPHONE	EMAIL	YEARS KNOWN	RELATIONSHIP
1.				
2.				
3.				

I certify that the answers given by me to the foregoing questions and statements are true and correct without omission of any kind. I agree that the San Francisco Museum of Modern Art (SFMOMA) shall not be liable in any respect if my employment is terminated because of falsity of statements, answers, or omissions made by me in this application. I also authorize the companies, schools, or persons named above to give any information regarding my employment, character, and qualifications. I hereby release said companies, schools, or persons from all liability for issuing this information.

In consideration of my employment, I agree to conform to the rules and regulations of SFMOMA. I understand and agree that my employment and compensation may be terminated with or without notice, and with or without cause at any time, at the option of either SFMOMA or myself unless otherwise provided by express contract. I understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by SFMOMA. I also understand and agree that as a condition of employment, I must be able to perform the essential functions of any position I hold. I understand any offer of employment may be contingent upon satisfactory references.

DATE

SIGNATURE

## APPLICATION RECRUITMENT SURVEY

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In order to comply with Equal Employment Opportunity requirements, we ask all applicants to voluntarily complete this form. The data collected will be used for statistical purposes only. Refusing to provide this information will not have any impact on your application.

Upon receipt by the Human Resources Department, this form will be immediately detached from your application packet and kept in a separate confidential file.

### Race

- AFRICAN AMERICAN                       ASIAN/PACIFIC ISLANDER  
 CAUCASIAN (WHITE)                       HISPANIC  
 NATIVE AMERICAN (INDIAN/ESKIMO)                       OTHER

### Veteran

- YES     NO

### Disability

- YES     NO

### Gender

- MALE     FEMALE

## RESIDENCE

- SAN FRANCISCO RESIDENT  
 NON SAN FRANCISCO RESIDENT  
 SOUTH OF MARKET RESIDENT

South of Market area includes ZIP codes 94103, 94105 and the following streets in 94107:

Bluxome	Federal	Merlin	Stanford
Bonifacio	1-699 Fifth St.	Morris	Sterling Pl.
Brannan	1-699 1st St.	Oak Grove	Stillman
Bryant	Folsom	Perry	Taber
Center	1-600 4th St.	Rincon	Tadang Sora
Clara	Freelon	Rizal St.	1-699 3rd St.
Clyde	Harrison	Francis Pl.	Townsend
Colin P. Kelly	Hawthorne	1-699 2nd St.	Varney Pl.
De Boom	Jewett	7th St.	Vassar Pl
Dover	Lapu-Lapu	Shirley	Welsh
Dow Place	Lusk	1-699 6th St.	Zoe
Falmouth	Mabini	South Park Ave.	



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