



Employment Application

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Avon, CO 81620
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www.walkingmountains.org

Thank you for applying to Walking Mountains Science Center. Walking Mountains Science Center is an equal opportunity employer. Walking Mountains does not discriminate on the basis of race, gender, creed, or sexual orientation in any of its policies or programs. **Letter of interest is required with a completed application. Applications that are not signed will not be considered. Completed applications will be kept on file for one year.**

Name _____ Date _____
Position Applying for _____ Home Phone _____
Social Security Number _____ Day/Cell Phone _____
Mailing Address _____
City/State/Zip _____ E-mail _____

Upon offer of employment, are you able to provide proof of citizenship or alien right to work status? _____
Are you over 18 years of age? _____ If not, employment is subject to verification of minimum legal age. _____
Have you ever been convicted of a crime or are you now under criminal charges, excluding minor traffic violations, or dishonorably discharged from the Armed Forces of United States? _____
If yes, describe in full. (A yes answer is not an automatic bar to employment.) _____

Do you hold a valid driver's license? _____ State _____

Have you had any moving traffic violations in the last five years? _____

If yes, please explain. MVRs will be ordered for most new WMSC employees. _____

Do you hold current first aid and CPR certification? _____

If yes, please list type of certification and expiration date. _____

Name of Applicant _____

Reference

Please list name, title, address, work and home telephone number of one reference.

1. _____

Please read each statement carefully before signing.

I certify that all information given in this employment application and supplements is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may justify my dismissal if discovered at a later date.

I authorize investigation of all statements and matters contained in this application and supplements. I authorize all previous employers or persons having information concerning me or my record to report such information to the Walking Mountains Science Center. I release each such person from all claims or liabilities whatsoever on account of making such inquiry or making such disclosures whether favorable or unfavorable. I agree, if employed, to devote my best efforts to the performance of my duties, to comply with all rules and regulations of the employer, and to obey all lawful directives of supervisors designated by the employer.

I have read and understand all portions of this application and have answered all questions completely and truthfully.

Signature _____ Date _____