



Application for Employment

820 Clyde Fant Parkway, Shreveport, LA 71101
hr@sciport.org // (318) 424-3466

It is the policy of Sci-Port Discovery Center to offer equal opportunity to all qualified applicants and employees without unlawful regard to race, ancestry, color, national origin, sex, religious preference, age, marital status, physical or mental disability or veteran status. Reasonable accommodations, as defined in the Americans with Disabilities Act, will be made for individuals with known disabilities to enable them equal opportunity in the employment process, to perform the essential functions of the job, and to enjoy employment-related privileges.

PLEASE READ AND COMPLETE ALL PAGES. RESUME WILL NOT BE ACCEPTED AS A SUBSTITUTE.
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

POSITION APPLIED FOR: _____ DATE OF APPLICATION: _____

HOW DID YOU LEARN ABOUT US? _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

LAST NAME		FIRST NAME		MIDDLE NAME	
ADDRESS			CITY	STATE	ZIP CODE
PHONE NUMBER			EMAIL ADDRESS		
Have you ever filed an application with us before?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, give date	_____	

Have you ever filed an application with us before? Yes No If yes, give date _____

Have you ever been employed with us before? Yes No If yes, give date _____

Are you currently employed? Yes No

Drivers License number if driving is an essential job function _____ State _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.) Yes No

What date would you be available to start work? _____ Expected wage/salary? _____

On what day(s) and time(s) of the week are you available to work? _____

Are you applying for work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Will you work overtime if a job requires it? Yes No

Have you ever been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify an applicant from employment.) Yes No

If yes, please explain _____

Employment History

Provide the following information for your past and current employers (please include work history for a minimum of ten years), assignments or volunteer activities, starting with the most recent (use additional sheets available in Human Resources if necessary). Explain any gap in employment in comment section below.

Employer	Telephone	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS	HOURLY PAY/SALARY			
	STARTING			
JOB TITLE	\$	PER		
IMMEDIATE SUPERVISOR	HOURLY/SALARY PAY			
	FINAL			
REASON FOR LEAVING	\$	PER		
MAY WE CONTACT FOR REFERENCE		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		
Employer	Telephone	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS	HOURLY PAY/SALARY			
	STARTING			
JOB TITLE	\$	PER		
IMMEDIATE SUPERVISOR	HOURLY/SALARY PAY			
	FINAL			
REASON FOR LEAVING	\$	PER		
MAY WE CONTACT FOR REFERENCE		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		

Employment History (continued)

Employer	Telephone	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS	HOURLY PAY/SALARY			
	STARTING			
JOB TITLE	\$	PER		
IMMEDIATE SUPERVISOR	HOURLY/SALARY PAY			
	FINAL			
REASON FOR LEAVING	\$	PER		
MAY WE CONTACT FOR REFERENCE	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
Employer	Telephone	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
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ADDRESS	HOURLY PAY/SALARY			
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JOB TITLE	\$	PER		
IMMEDIATE SUPERVISOR	HOURLY/SALARY PAY			
	FINAL			
REASON FOR LEAVING	\$	PER		
MAY WE CONTACT FOR REFERENCE	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			

Educational Background IF JOB RELATED

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major field of study. F. Minor field of study (if applicable).

A. SCHOOL	B. YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	F. MINOR

References

List name and telephone number of three business/personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN

Additional Information

List professional, trade, business, or civic associations and any offices held.

EXCLUDE INFORMATION WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY, OR OTHER PROTECTED STATUS.

List any additional information you would like us to consider.



Addendum to Application For Employment

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This addendum to the Sci-Port Discovery Center Application for Employment must be completed for positions in programming/visitor interaction.

How did you find out about Sci-Port? _____

List and describe any work or volunteer experience with the public.

List and describe any experience you have with public speaking and/or delivering program demonstrations.

Describe any projects you have developed and/or worked on involving science and/or education.

Summarize the talents and skills you can bring to the position you are applying for.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Applicant's Statement

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions, and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information.

This application is current for only 60 days. At the conclusion of this time, if I have not heard back from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may require by law. This application does not constitute agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances on the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization. As a condition and continuation of employment, I agree to submit to any required testing, as permitted by law, including a drug screen. I understand that I must successfully complete all pre-employment testing to be eligible for employment and the company reserves the right to deny me employment at any time during the pre-employment process without disclosing the reason and/or reasons.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant: _____ Date: _____

FOR PERSONNEL DEPARTMENT USE ONLY			
Arrange Interview:	Yes	No	
Remarks:	_____		

Employed:	Yes	No	Date of Employment: _____
Job Title:	_____	Hourly Rate/ Salary: _____	Department: _____
	By: _____	Date: _____	
	Name & Title		