



Application For Employment

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Date of Application: _____

Position(s) Applied For: _____

How did you learn about MOSI? _____

Name:

Last Name

First Name

Middle Name

Address:

Number and Street

City

State

Zip Code

Phone Numbers: _____ Social Security Number: ____/____/____

Home

Cell

Other

E-mail Address: _____

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

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

May we contact your present employer? Yes No

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.)

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Have you been convicted of a crime? *(Conviction will not necessarily disqualify an applicant from employment.)* Yes No

If yes, please explain: _____

EDUCATION: Elementary High School College/University Graduate

EDUCATION:	Elementary	High School	College/University	Graduate
School Name / Location				
Years Completed				
Diploma / Degree				
Course of Study				

Indicate any foreign languages you speak, read or write:

REFERENCES: Give name, address and phone number of 3 references who are not related to you and are not previous employers:

Name	Address	Phone Number

EMPLOYMENT EXPERIENCE: Start with your present or last job. Include job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer:	Dates of Employment:	Hourly Rate/Salary:
Employer Address:	Job Title:	Supervisor:
Employer Phone Number:	Job Duties:	
Reason for Leaving:		

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SPECIAL SKILLS AND QUALIFICATIONS: Summarize special job-related skills and qualifications previously acquired.

If you need additional space, please continue on a separate sheet of paper.

APPLICANT'S STATEMENT

I certify that the information provided herein to MOSI is true and complete to the best of my knowledge. I authorize the investigation of all statements and matters contained in this application for employment and hereby give MOSI permission to contact schools, previous employers, references, law enforcement agencies and others. I hereby release MOSI from any liability as the result of such contact.

I understand that misrepresentations, omissions of fact, false, incomplete or misleading information given in my application, resume or interview(s) may remove me from further consideration for employment. In addition, if I am employed, I understand that misrepresentations, omissions of fact, false, incomplete or misleading information given in my application, resume or interview(s) may subject me to discipline, up to and including discharge, at any time without any previous notice. I understand, also, that I am required to abide by all rules and regulations of the employer.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Signature of Applicant

Date

Please return this application to: Human Resources, MOSI, 4801 E. Fowler Avenue, Tampa, FL 33617-2099

Name: _____
Please Print

The following information will help us to determine which position you qualify for based on your availability and areas of expertise. Please check the appropriate boxes below.

I can work:

- Full-time Part-time Either

Please indicate **all** times available, including **weekend** availability

- Sun (from _____ - _____)
 Mon (from _____ - _____)
 Tue (from _____ - _____)
 Wed (from _____ - _____)
 Thur (from _____ - _____)
 Fri (from _____ - _____)
 Sat (from _____ - _____)

MOSI is open 365 days a year including all Holidays. Are you able to work Holidays?
 Yes No

I have experience in:

- cash handling
 typing _____ wpm
 computer skills
 audio visual/film

Please indicate specific equipment you have knowledge of

guest/customer service experience
 multi line phone: how many lines _____
 other: _____

**AFFIRMATIVE ACTION INFORMATION
FOR STATISTICAL USE ONLY**

Please complete this form and return with your Application for Employment

Name: _____

Date of Application: _____

Social Security Number: _____ - _____ - _____

It is the policy of MOSI to provide equal employment opportunities to all qualified applicants and employees regardless of race, religion, color, sex, age, national origin, marital status, disability, special disabled veteran or Vietnam era veteran status. In order to compile information for Equal Employment Opportunity (EEO) statistical reports, we request you provide the following information. **Your completion of the information below is entirely voluntary.**

The information will be kept in strictest confidence. This information not be kept with the application form, and will not become a part of your personnel file. Inclusion or exclusion of any of the data will not affect any employment decision.

Date of Birth: _____

Gender: Male

Female

Please Check One Box to Indicate Your Racial Ethnic Background:

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White** (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American** (Not Hispanic or Latino) – A person having origins on any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian** (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native** (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races** (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.