

**Applicant Information**

Name: (first/middle/last)		Date Submitted:	
Street Address:		Home Phone #:	
City/State/Zip:		Cell Phone #:	
Email:		What position are you applying for?	

Current Openings Available Online [www.kidsquestmuseum.org](http://www.kidsquestmuseum.org)

**Qualifications**

Have you ever filed an application with us before?	YES	NO
Have you ever been employed with us before?	YES	NO
Are you 16 years or older? <i>KidsQuest Children's Museum cannot hire persons under the age of 16</i>	YES	NO
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>	YES	NO
Are you currently on "lay-off" status and subject to recall?	YES	NO
Do you have a driver's license?	YES	NO
Do you have current documentation of CPR Training?	YES	NO
Do you have current documentation of First Aid Training?	YES	NO
Do you have any criminal convictions? <i>Criminal information will not necessary disqualify applicants from employment. Relevance to assignment will be considered.</i>	YES	NO
If "YES" please explain where, when, and disposition:		

**Availability**

Total number of hours per week you would like to work \_\_\_\_\_

Write in the time period(s) in the day(s) you're available

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

## Education

	High School				College / University				Graduate / Professional			
School Name												
School Location												
Years Completed ( <i>circle</i> )	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree												
Describe any specialized training, apprenticeship, skills, and extracurricular activities, and/or honors received												

## Employment Experience

<b>1.</b> Employer	Title											
Location	Duties											
Phone Number												
Supervisor	May we contact this employer? YES                      NO											
Start Date	End Date											
Reason for Leaving												
<b>2.</b> Employer	Title											
Location	Duties											
Phone Number												
Supervisor	May we contact this employer? YES                      NO											
Start Date	End Date											
Reason for Leaving												
<b>3.</b> Employer	Title											
Location	Duties											
Phone Number												
Supervisor	May we contact this employer? YES                      NO											
Start Date	End Date											
Reason for Leaving												

4. Employer	Title
Location	Duties
Phone Number	
Supervisor	May we contact this employer? YES                      NO
Start Date	End Date
Reason for Leaving	

In order to serve the best interest of museum patrons, KidsQuest Children's Museum will:

- Conduct a criminal background check on all prospective employees. You must complete **section C** of the **Washington State Patrol Request for Criminal History Information Form**.
- Require proof of up-to-date immunizations for all employees within thirty days of hire for the following: D-TaP, MMR, Varicella, & Influenza.

### Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I understand that if I am employed, discovery that I gave false information during the application process may result in my immediate dismissal.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with KidsQuest Children's Museum or those of its customers, nor will I become engaged in such activity or business if employed.

I authorize KidsQuest Children's Museum to solicit information regarding my character, general reputation, credit, previous employment and similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information. If employed, I release the agency from any liability for future references it may provide regarding my work history with KidsQuest Children's Museum.

I hereby give permission for KidsQuest Children's Museum to obtain information relating to my criminal history record through the Washington State Patrol. The criminal history record, as received from the reporting agency, may include conviction data as well as plea bargains and deferred adjudication. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with their organization. I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification if I dispute the record as received. I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify KidsQuest Children's Museum, and each of their officers, directors, employees, and agents harmless from and against any and all causes of action, suits, liabilities, costs, debts, and sums of money, claims and demands whatsoever, and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/staff member.

Should I become employed by the KidsQuest Children's Museum, I agree to abide by all of its present and subsequently issued policies. In the event that I leave the employment of KidsQuest Children's Museum, I agree to deliver my resignation to my supervisor in accordance with current personnel policies. I understand and agree that at no time, whether I am an employee of KidsQuest Children's Museum or not, will I reveal information regarding patrons, customers or employees of KidsQuest Children's Museum to anyone other than those authorized to receive it, and that giving of such information to unauthorized individuals is unlawful and will be sufficient cause for immediate dismissal.

Furthermore, I give my permission to have photo/videotapes taken and/or my name printed without recompense during KidsQuest Children's Museum employment or volunteer activities and used for publicity purposes.

In consideration of my employment, I agree that my employment and compensation can be terminated with or without cause, and with or without notice at any time, at the option of either KidsQuest Children's Museum or myself. I understand that no representative of KidsQuest Children's Museum, other than the President & CEO, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

If employed, I further agree that if KidsQuest Children's Museum advances any paid leave before it has been accrued, or advances or loans me any money during the course of my employment, or if I lose, damage, or fail to return KidsQuest Children's Museum property, KidsQuest Children's Museum is authorized to deduct from my wages sufficient funds to repay such loans or advances or to replace its property.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**KidsQuest Children's Museum is an equal opportunity organization and does not discriminate on the basis of race, color, national origin, sex, religion, age, sexual orientation, or disability.**

# WASHINGTON STATE PATROL

Identification and Criminal History Section  
PO Box 42633, Olympia WA 98504-2633



## REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT

RCW 43.43.830 THROUGH 43.43.845

(Instructions on Reverse Side)

<p><b>A REQUESTING AGENCY/ADDRESS</b></p> <p>Agency _____</p> <p>Attn _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p>_____ Authorized Signature Date ( ) Title Area Code/Phone Number</p>	<p><b>B PURPOSE</b> Check appropriate box</p> <p><input type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee</p> <p><input type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools &amp; ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$35</p> <p><input type="checkbox"/> Adoptive Parent - \$35</p> <p><b>Fees:</b> Make payable to <b>Washington State Patrol</b> by check, money order, or business account.</p> <p><b>Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal.</b> _____ Notarized Letter(s)</p>
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**C APPLICANT OF INQUIRY** (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: \_\_\_\_\_  
Last First Middle

Alias/Maiden Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Month/Day/Year

Social Security Number: \_\_\_\_\_ Driver's Lic. Number/State: \_\_\_\_\_ / \_\_\_\_\_  
(optional)

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

**D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION**

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Requesting Agency \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

WSP Use Only

\_\_\_\_\_  
Applicant Right Thumb Print (Optional)