



**APPLICATION FOR EMPLOYMENT  
WASHINGTON HERITAGE MUSEUMS  
1300 CHARLES STREET  
FREDERICKSBURG, VA 22401**

Washington Heritage Museums does not discriminate on the basis of race, religion, color, sex, gender identity, sexual orientation, age, non-disqualifying physical or mental disability, national origin, veteran status or any other basis covered by appropriate law. All employment is decided on the basis of qualifications, merit, and business need.

**Date of Application:** \_\_\_\_\_ **Date Available:** \_\_\_\_\_

At which location(s) are you interested in applying? Position: \_\_\_\_\_  
 Mary Washington House     Rising Sun Tavern     Hugh Mercer Apothecary     Office

Last Name	First Name, Middle Initial	Home Phone
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Mailing Address	Work Phone
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City	State & Zip Code	Cell Phone
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Email address: \_\_\_\_\_

If selected for employment, what days and times will you be available to work?

Days Available:    \_\_\_Sun    \_\_\_Mon    \_\_\_Tues    \_\_\_Wed    \_\_\_Thurs    \_\_\_Fri    \_\_\_Sat

Times Available:    \_\_\_Mornings    \_\_\_Afternoons    \_\_\_Flexible    \_\_\_Occasional Evening Events

***Consistent attendance and punctuality are essential requirements of every position in this company.***

**EDUCATION**

Name of School	Location of School	Degree or Course of Study	Date Completed

Have you previously worked at any Washington Heritage Museums' location?    \_\_\_ Yes    \_\_\_ No  
 If yes, please provide position and dates:

Are you legally eligible for employment in the United States?    \_\_\_ Yes    \_\_\_ No  
 (If offered employment, you will be required to provide documentation to verify eligibility.)

Do you require accommodation to perform any essential functions of this position?    \_\_\_ Yes    \_\_\_ No  
 If yes, please describe:

**EMPLOYMENT HISTORY - Begin with most recent position; list each separately.**

Job Title	Dates Worked From _____ To _____	Pay \$ _____ per _____
Name of Employer	Name of Supervisor	
Address:	City	State/Zip
Telephone number:	Reason for leaving:	
Duties Performed:		

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Name of Employer	Name of Supervisor	
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Duties Performed:		

Job Title	Dates Worked From _____ To _____	Pay \$ _____ per _____
Name of Employer	Name of Supervisor	
Address:	City	State/Zip
Telephone number:	Reason for leaving:	
Duties Performed:		

**Relevant volunteer, internship positions, coursework, or extracurricular activities:**

<b>REFERENCES - List the names of three references that we may contact.</b>		
1) Name	Telephone	Relationship
Address	City	State/Zip
Email		
1) Name	Telephone	Relationship
Address	City	State/Zip
Email		
1) Name	Telephone	Relationship
Address	City	State/Zip
Email		

**APPLICANT’S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize the Washington Heritage Museums to verify their accuracy and to obtain reference information on my work performance. I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I release the Washington Heritage Museums from any/all liability of whatever kind and nature, which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Washington Heritage Museums. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Washington Heritage Museums may terminate my employment at any time with or without notice or cause. I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information that I have supplied on this application.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**This application for employment is good for 30 days only.  
 Consideration for employment after 30 days requires a new application.**