



919 Broadway Nashville, TN 37203 615.244.3340

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all people. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Frist Art Museum.

Date	Applicant name				
Preferred name		Social security #			
Address	Email				
Home phone	Work phone	N	Mobile phone		
Position preferred		Salary expectations			
Type of employment desire	ed: □ Full-time □ Part-time	□ On-call			
Days available: □Sun.	□Mon. □Tues. □Wed.	□Thurs.	□Fri. □ Sat.		
Hours available per week .	Date you are ava	ailable to start	work		
Are you able to meet the attendance requirements?			☐ Yes ☐ No		
Do you have any objection to working overtime?			☐ Yes ☐ No		
If required by this position, can you travel?			☐ Yes ☐ No		
Have you ever been emplo		☐ Yes ☐ No			
If yes, when?					
Are you related to any em <sub>l</sub>	oloyee of the Frist Art Museum?		☐ Yes ☐ No		
If yes, whom?					
Can you submit proof of legal employment authorization and identity			☐ Yes ☐ No		
Have you ever been convid If yes, please explain (convid	cted of a crime? tion of a crime does not automatically bar emp	loyment):	□ Yes □ No		
How were you referred to	us?				
Emergency contact name .					
Phone	Email				

## **Employment history** Starting with your most recent employer, provide all the information requested (attach an additional sheet if necessary): Employer\_\_\_\_\_\_Position\_\_\_\_\_ Address \_\_\_\_\_\_ Phone \_\_\_\_\_ Immediate supervisor and title Start date\_\_\_\_\_ End date\_\_\_\_\_ Salary\_\_\_\_ Job summary\_\_\_\_\_ Reason for leaving \_\_\_\_\_ Employer \_\_\_\_\_\_ Position \_\_\_\_\_ Address \_\_\_\_\_\_ Phone \_\_\_\_\_ Immediate supervisor and title \_\_\_\_\_ Start date\_\_\_\_\_ End date\_\_\_\_\_ Salary\_\_\_\_ Job summary\_\_\_\_\_ Reason for leaving\_\_\_\_\_ Employer \_\_\_\_\_\_ Position \_\_\_\_\_ Address \_\_\_\_\_\_ Phone \_\_\_\_\_ Immediate supervisor and title\_\_\_\_\_ Start date\_\_\_\_\_ End date\_\_\_\_\_ Salary\_\_\_\_\_ Job summary\_\_\_\_\_ Reason for leaving \_\_\_\_\_ **Unemployment record** Please account for employment gaps of longer than one month in duration, since leaving school or work to the present: Other skills and qualifications Summarize any job-related training, skills, licenses, and/or qualifications:

<b>Educational history</b> List school names and locations, years a	ttended, and degrees ea	arned:	
High school		_ City	State
Years attended	🗆 Graduated	Degree	
College		City	State
Years attended	🗆 Graduated	Degree	
Technical training			
Other			
References List three references (do not include relationship to you, and years known.	atives). Provide their nam	nes, phone numl	bers, email addresses,
Name	Relationship	)	Years known
Phone	Email		
Name	·		
Name	Relationship	)	Years known
Phone	Email		
Please read this carefully before signing:			
I hereby authorize the Frist Art Museum to conta all previous employers, educational institutions, sentatives for seeking, gathering, and using such providing such information.	and references. I also hereby r	elease from liability	the Frist Art Museum and its repre-
I understand that any misrepresentation or mate of this application and immediate termination of			
If I am employed, I acknowledge that there is no agreement or contract for employment. According without cause, at any time, so long as there is no	ngly, either I or the Frist Art M	useum can terminat	
I understand that it is the policy of the Frist Art N with a disability because of that person's need for			
I also understand that if I am employed, I will be three days of being hired. Failure to submit such			
I represent and warrant that I have read and fully	understand the foregoing and	d that I seek emplo	yment under these conditions.
Applicant signature			_ Date