



NATIONAL MINING HALL OF FAME AND MUSEUM

120 W 9th Street
Leadville, CO 80461
719-486-1229

Employment Application

We are an equal opportunity employer. All qualified applicants are given equal opportunity and selection decisions are based on job-related factors. Answer each question fully and accurately. PLEASE PRINT, except for signature line. In order to be considered for employment, make sure you **provide current and accurate phone numbers and email addresses for your references.**

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this museum? YES ☐ NO ☐ If yes, when? _____

List professional, trade, business or civic activities and offices held.

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

What specific skills or additional training do you have that relate to the job for which you are applying?

References

Please list three references, not relatives or former employers.

Name:	Address:	Phone:	Email:

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title(s): _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
 ☐ ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
 ☐ ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title(s): _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
 ☐ ☐

Signature

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I will be required to successfully pass a background investigation to determine any criminal history that might affect my appropriateness for the work in which I am applying.

I understand that this application, verbal statements by management, or subsequent employment does not create an express or implied contract of employment nor guarantee employment for any definite period of time. Only the Executive Director of the NMHFM has the authority to enter into an agreement of employment for any specified period and such agreement must be in writing, signed by the executive director and the employee. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without reason and with or without notice.

I have read, understand, and by my signature consent to these statements.

Signature: _____

Date: _____

This application for employment will remain active for a period of one year from the date of signature.