



1130 State Street  
 Santa Barbara, CA 93101  
 (805) 963-4364  
 (805) 966-6840 FAX  
[www.sbma.net](http://www.sbma.net)

# APPLICATION FOR EMPLOYMENT

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

We consider applicants for all positions without regard to race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital or veteran status, sex, age, or sexual orientation, or any other legally protected status.

**(PLEASE PRINT)**

Position Applied For		Date of Application	Expected Salary or Hourly Rate	
How Did You Learn About Us?				
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative		<input type="checkbox"/> Other:
Last Name	First Name		Middle Name	
<b>Address:</b>	Number/Street	City	State	Zip Code
Telephone Number(s)		e-mail (for application-related contact only)		

If you are less than 18 years of age, 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:

Can you travel if a job requires it?  Yes  No

**Have you ever been convicted of a crime?** If Yes, please give details:  Yes  No

A **YES** answer will not automatically disqualify you from employment. Do not include information about arrests without convictions, or the following convictions: (1) certain marijuana convictions that are more than two years old; (2) convictions that have been sealed, expunged, or eradicated; and (3) certain misdemeanor convictions for which probation has been completed or otherwise discharged and the case dismissed.

# EDUCATION

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	Name and Address of School	Course of Study	Number of Years Completed	Diploma/Degree
Elementary				
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills.

Describe any job-related training received in the United States military.

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# EMPLOYMENT EXPERIENCE

Start with your present or last job and include your employment history for the past 10 years. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected statuses.

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title		Starting	Final	
Supervisor Name	Supervisor Phone			
Reason for Leaving: May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No				

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title		Starting	Final	
Supervisor Name	Supervisor Phone			
Reason for Leaving: May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No				

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Address		Starting	Final	
Supervisor Name	Supervisor Phone			
Reason for Leaving: May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No				

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Address		Starting	Final	
Supervisor Name	Supervisor Phone			
Reason for Leaving: May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No				

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

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

**ADDITIONAL INFORMATION**

**Other Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience.

**SPECIALIZED SKILLS                      Check Skills/Equipment Operated**

<input type="checkbox"/> PC	<input type="checkbox"/> MS Office Suite:	<input type="checkbox"/> Outlook
<input type="checkbox"/> Phone System	<input type="checkbox"/> MS Word	<input type="checkbox"/> Excel
<input type="checkbox"/> Database: _____	<input type="checkbox"/> Power Point	<input type="checkbox"/> Other:

State any additional information you feel may be helpful to us in considering your application.

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?    Yes    No   If No, describe the functions that cannot be performed:

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

**Employment and Professional References (exclude relatives)**

<b>Name:</b>	<b>Phone:</b>	<b>Relationship:</b>
<b>Address:</b>		
<b>Name:</b>	<b>Phone:</b>	<b>Relationship:</b>
<b>Address:</b>		
<b>Name:</b>	<b>Phone:</b>	<b>Relationship:</b>
<b>Address:</b>		

# APPLICANT'S STATEMENT

I certify that I have not knowingly withheld information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I understand that any omission or misstatement of material fact on this application shall be grounds for rejection of this application or immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize Santa Barbara Museum of Art to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorized the references I have listed to disclose to Santa Barbara Museum of Art information related to my work records and for investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, without giving me prior notice of such disclosure.

This application for employment shall be considered 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.

I understand that nothing contained in the application, or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company. 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.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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

\_\_\_\_\_  
**Date**