

# Application for Employment

Position Details: The 5.4.7 Arts Center is looking for assistance overseeing the Visitor's Center at the M.T. Liggett Art Environment located in Mullinville from 10:00 AM – 4:00 PM on Wednesdays and Thursdays (with the possibility to cover other days when needed based on availability). Responsibilities include: overseeing the Visitor's Center during open hours, welcoming guests, handling money transactions, and keeping the visitor's center clean.

Pay rate is \$10/hour without benefits. Finished applications may be returned in person or by emailing  
547artscenteroffice@gmail.com

For questions or further information please contacted Kelly Askew at the 5.4.7 Arts Center – 620-723-2600.

PERSONAL INFORMATION			
<b>Last Name</b>	<b>First Name</b>	<b>Middle</b>	
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Home Phone:</b> _____	<b>Cell Phone:</b> _____	<b>Email address:</b> _____	
<b>Are you a U.S. Citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Have you ever been convicted of a felony?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

**Other training, certifications or licenses held:** \_\_\_\_\_

EMPLOYMENT	
<b>Employer:</b> _____	<b>Dates Employed:</b> _____
<b>Work Phone:</b> _____	<b>Pay Rate:</b> \$ _____ <b>to</b> _____
<b>Address:</b> _____	
<b>City:</b> _____	<b>State:</b> _____ <b>Zip:</b> _____
<b>Position:</b> _____	
<b>Duties Performed:</b> _____	
<b>Supervisors Name and Title:</b> _____	
<b>Reason for leaving:</b> _____	
<b>May we contact them?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES			
Name	Title	Company	Phone

## Acknowledgement and Authorization

- I certify that all answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

\_\_\_\_\_

Signature of Applicant

Date