

FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION IN EMPLOYMENT BECAUSE OF SEX, AGE, RACE, COLOR, RELIGIOUS CREED, MARITAL STATUS, SEXUAL ORIENTATION, NATIONAL ORIGIN, ANCESTRY, CITIZENSHIP, SERVICE IN THE ARMED FORCES OF THE UNITED STATES, DISABILITY, GENETIC INFORMATION, OR ANY OTHER PROTECTED CLASSIFICATION.

DATE: _____

Personal Information

NAME: _____

(Mr. / Ms. / Mrs.) First Middle Last

ADDRESS: _____

Street City State Zip Code

TELEPHONE: _____

Home Cell/Mobile

E-MAIL: _____

Position Desired

What department would you prefer to work in? (Provide two options)

1. _____

2. _____

Please Circle Period of Preferred Placement:

SUMMER **FALL** **WINTER/SPRING**

(JUNE-SEPT) (SEPT-JAN) (JAN-MAY)

Internships are for a period of approximately three (3) months. Each intern will work with the museum departments' supervisors to determine the schedule for internship completion. Students must commit to completing the total number of internship hours, including hours allocated for the mandatory weekly internship meetings (Wednesdays or Thursdays, 3-5 pm) and other MAC program events.

Priority will be given to applicants from under-served, underrepresented demographics eligible for free or reduced lunch in high school.

Are you between the ages of 16 and 21? Yes No

Race/ethnicity (voluntary): _____

Have you ever been eligible for free or reduced-price lunch? Yes No

Do you have a medical condition you feel would prevent you from performing the type of job we are offering?

Yes No

If yes, please describe: _____

If under 18 years of age, do you have a work permit? Yes No

Are you legally authorized to work in the United States? Yes No

If you are extended a job offer, you will be required to furnish proof of lawful work status in accordance with the Immigration Reform and Control Act of 1986.

Relationship to PEM

How did you hear about PEM/MAC? Job Posting Walk-in PEM Employee Other

Please supply the name of your referral source: _____

Have you ever worked for PEM before? Yes No

When: _____ Name of supervisor: _____

Reason for leaving: _____

In accordance with PEM's policy concerning work assignment, do you have any relatives employed by PEM?

Yes No

If yes, please state their name(s): _____

Will you be holding any other jobs while employed by PEM? Yes No

If yes, please describe: _____

Education

**To be eligible for a college-level internship, student must have completed first semester of college*

School name and location: _____

Current Status: FRESHMAN SOPHOMORE JUNIOR SENIOR
(Circle one)

Year of graduation: _____

Please list any additional skills or courses you have taken that you think would be relevant to this placement.

Availability

What kind of commitment can you make to a museum internship?

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Flexible Schedule? Yes No

Have you ever volunteered at a museum? Yes No

Do you have your own transportation? Yes No

If not, what means of transportation would you use to get to and from work?

References

List references including at least two of your immediate supervisors.

NAME & OCCUPATION	ADDRESS	TELEPHONE

May we contact your present employer at this time? Yes No

Community Service

Have you ever participated in a community service project? Yes No

If yes, please list the organizations for which you have performed service:

If yes, please describe the type of work you performed:

Notice

IT IS UNLAWFUL IN MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

Applicant's Statement

I have read and fully understand the questions asked in this application. I understand that this application is not an offer or contract of employment. I understand that if I am hired, any employment will be on a 180-day introductory basis and that my employment may be terminated with or without cause or notice, at any time, at either my option or that of the Peabody Essex Museum. This status can be modified only by a written document setting forth such modification, signed by both me and an authorized representative of the Peabody Essex Museum. I give the Peabody Essex Museum permission to contact all or any of my previous employers and references and authorize them to provide all information requested of them by the Peabody Essex Museum, and release and hold harmless all persons and entities from liability for doing so. I understand that after a tentative offer of employment has been made, a background investigation will be conducted by PEM or its agent/third-party provider including a criminal offender record information report. I have the right to request in writing, upon receipt of notice that an investigation is being conducted, a complete and accurate written disclosure of the nature and scope of the requested background investigation. I understand that any offer of employment is conditioned upon receipt of satisfactory references and satisfactory completion of such a background investigation.

I have provided truthful and complete responses to all inquiries in the application and understand that the discovery of any falsification or omission will disqualify me from consideration for employment or constitute grounds for immediate dismissal when discovered. If employed by the Peabody Essex Museum, I will abide by its rules and regulations, which I understand are subject to change by the museum.

DATE:

APPLICANT'S SIGNATURE:

KROLL

DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with Peabody Essex Museum ("Peabody Essex Museum"), I authorize Company to request a consumer and/or investigative consumer report on me for employment purposes from **KROLL BACKGROUND AMERICA, INC.** ("Kroll"). Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; workers' compensation records after a conditional job offer has been extended and to the extent permitted by law; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to Company and Kroll, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize Company to share such information only with parties in interest who have a "need to know" such information to protect them and their employees. Kroll does not sell or otherwise provide any of the information found in its background investigations to any party other than the Company.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to Kroll, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I agree that this authorization shall remain valid for the duration of my employment with Company. I certify that the information contained on this Authorization form is true and correct and that my application or employment may be terminated based on any false, omitted or fraudulent information.

Signature: _____ Date: _____

Hiring Manager: _____ HR Signature: _____ Date: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Last Name: _____ First Name: _____ Middle: _____

Other Names Used _____ Years Used _____

Current Address: _____
Street /P. O. Box City State Zip Code County Dates

Former Address: _____
Street /P. O. Box City State Zip Code County Dates

Social Security Number: _____ Daytime Phone Number: _____

E-mail Address: _____ Driver's License Number: _____ State of Issuance: _____

*Date of Birth: _____ *Gender _____

*Providing year of birth and gender is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a background search.

For CA, MN & OK Residents Only: Please provide me with a copy of my background report YES: NO:
For California residents: Under § 1786.22 of the California Civil Code, you may view the file maintained on you by Kroll. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by submitting a request by mail, by appearing at Kroll's offices in person during normal business hours and on reasonable notice, or you may also receive a summary of the file by telephone after submitting a written request. Kroll has trained personnel available to explain your file to you and will provide a written explanation of any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. Kroll is located at 1900 Church St., Suite 300, Nashville, TN 37203 and may be contacted at 800-697-7189.