



# Confidential Application for Employment

## New England Aquarium

Central Wharf, Boston, MA 02110-3399

[www.neaq.org](http://www.neaq.org) Fax: (617) 973-6559

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, disability, sexual orientation, marital or veteran status.

Position Applied For \_\_\_\_\_ Date \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Street Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Mobile Telephone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Have you ever applied for employment with us?  Yes  No

If yes, state when and for what position \_\_\_\_\_

Have you ever volunteered or worked for us?  Yes  No

If yes, state position held and dates of employment \_\_\_\_\_

Are you available to work:  Part-Time  Full-Time

Days/Hours Available: \_\_\_\_\_

Are you legally eligible for employment in the United States?

Yes  No

When will you be available to begin work?

\_\_\_\_\_

Referred to the New England Aquarium by:

Are you currently employed? \_\_\_\_\_

May we contact your present employer? \_\_\_\_\_

### EDUCATION

Type	Name & Location	No. of Years	Did you Graduate?	Degree or Diploma
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Graduate				
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College				
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Business/Trade/Technical				
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High School				
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Special Study or Research Work				
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Foreign language(s) \_\_\_\_\_

**MEMBERSHIP** in Professional or Civic Organizations (Exclude those which may disclose your race, color, religion or national origin)

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**EMPLOYMENT HISTORY**

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

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1 Company Name	Telephone
Address	Employed (State month & year) From To
Name of Supervisor	Hourly Rate or Annual Salary Start Last
State Job Title and Describe Your Work	Reason for Leaving

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2 Company Name	Telephone
Address	Employed (State month & year) From To
Name of Supervisor	Hourly Rate or Annual Salary Start Last
State Job Title and Describe Your Work	Reason for Leaving

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3 Company Name	Telephone
Address	Employed (State month & year) From To
Name of Supervisor	Hourly Rate or Annual Salary Start Last
State Job Title and Describe Your Work	Reason for Leaving

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4 Company Name	Telephone
Address	Employed (State month & year) From To
Name of Supervisor	Hourly Rate or Annual Salary Start Last
State Job Title and Describe Your Work	Reason for Leaving

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We may contact the employers listed above unless you indicate those you do not want us to contact.

Company Name(s) \_\_\_\_\_

Reason \_\_\_\_\_

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**Military Service**

Total months of Active Duty \_\_\_\_\_ Branch of U.S. Military Service \_\_\_\_\_

Last Rank or Grade \_\_\_\_\_ Reserve Status \_\_\_\_\_

Special Skills and/or Courses \_\_\_\_\_

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**SECURITY INFORMATION**

An applicant for employment with a sealed record on file with the Commissioner of Probation may answer "no record" with respect to any inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services, which did not result in a complaint transferred to the Superior Court for criminal prosecution.

Have you ever been convicted of a felony?       Yes       No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Have you even been convicted of a misdemeanor, other than a first conviction for drunkenness, simple assault, speeding, minor traffic violation, affray or disturbance of the peace, within 5 years of the date of this application?  Yes       No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

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**REFERENCES**

Give the name, telephone number, relationship and numbers of years acquainted with for 3 persons who are not related to you and whom you have known for at least 1 year.

NAME	TEL. NO.	RELATIONSHIP	YRS. ACQUAINTED
1.			
2.			
3.			

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**MISCELLANEOUS**

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.

If you accept employment with the Aquarium, federal law requires you to produce documents establishing your identity and work authorization. The Aquarium cannot legally employ you if you do not provide such verification.

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**APPLICANT CERTIFICATION**

**Please read carefully before signing.**

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if I become employed by the Aquarium, falsified statements or omissions on the Application shall be grounds for immediate dismissal.

I authorize investigation of all statements and/or omissions contained herein and from references and/or current and former supervisors to give you any and all information concerning my employment history and any pertinent information they may have; I release all parties from all liability for any damage that may result from furnishing information to you.

I understand that applicants and employees may be subject to criminal, credit, CORI (Criminal Offender Record Information) and/or SORI (Sexual Offender Record Information) background checks and that beginning or continuing employment may be contingent upon satisfying clearance standards for such checks.

I understand that if I become employed by the Aquarium, I will be an "at will" employee. Accordingly, the employment relationship may be terminated, with or without cause, and with or without notice, at any time, at the option of either the Aquarium or me. I further understand that no supervisor or manager or representative of the Aquarium has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

**My signature certifies that I have read and agree with the above statements.**

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**SIGNATURE OF APPLICANT****DATE**

# Voluntary Affirmative Action Information

(Completion of Information Below is Voluntary)

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, disability, sexual orientation, marital or veteran status.

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

POSITION(S) APPLIED FOR: \_\_\_\_\_

REFERRAL SOURCE(S): Please check off the applicable SOURCE(S)

\_\_\_ EMPLOYEE \_\_\_ WALK-IN \_\_\_ SCHOOL \_\_\_ GOVERNMENT EMPLOYMENT AGENCY/ WEBSITE

\_\_\_ INTERNET ADVERTISEMENT (LIST WEBSITE): \_\_\_\_\_ \_\_\_ OTHER ADVERTISEMENT

NAME OF SOURCE (IF APPLICABLE): \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

## To All Applicants

The New England Aquarium serves as a responsive community resource that attracts and involves the broadest possible audience. Accordingly, a culturally diverse staff that reflects our community is an important goal.

In an effort to comply with requirements regarding equal opportunity/ affirmative action record keeping, reporting and other applicable legal obligations, we ask that you complete this application data survey. Your cooperation is appreciated.

Please be advised that your survey is not a part of your official application for employment. It is considered confidential information that will not be maintained in your personnel file or used in any hiring decision.

CHECK ONE: \_\_\_ MALE \_\_\_ FEMALE

CHECK ONE OF THE FOLLOWING RACE / ETHNIC GROUP:

If you belong to more than one group, please select the one most appropriate.

\_\_\_ HISPANIC OR LATINO \_\_\_ BLACK or AFRICAN AMERICAN (NOT HISPANIC or LATINO)

\_\_\_ WHITE (NOT OF HISPANIC ORIGIN) \_\_\_ AMERICAN INDIAN/ALASKAN NATIVE \_\_\_ ASIAN (NOT HISPANIC or LATINO)

\_\_\_ NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER (NOT HISPANIC or LATINO) \_\_\_ TWO or MORE RACES (NOT HISPANIC or LATINO)

CHECK IF ANY ONE OF THE FOLLOWING ARE APPLICABLE:

\_\_\_ VIETNAM ERA VETERAN \_\_\_ SPECIAL DISABLED VETERAN

\_\_\_ OTHER PROTECTED VETERAN \_\_\_ INDIVIDUAL WITH DISABILITY