



ORLANDO SCIENCE CENTER EMPLOYMENT APPLICATION

Position(s) Applied for: _____

Date of Application: _____

INSTRUCTIONS

- Please ensure that all the questions on the application are completed.
 - A resume cannot be substituted for a completed application.
- If you wish to provide additional information, you may attach a resume.

EQUAL OPPORTUNITY EMPLOYER

In adherence with state and federal laws which prohibit discrimination, we consider applicants without regard to race, color, religion, sex, national origin, age, or any other protected classification.

PLEASE PRINT

PERSONAL INFORMATION

LAST NAME

FIRST NAME

MIDDLE NAME

ADDRESS

PHONE NUMBER

EMAIL ADDRESS

Have you ever filed an application at the Orlando Science Center?

☐ Yes

☐ No

If yes, please provide the date of application: _____

Have you ever been employed by the Orlando Science Center?

☐ Yes

☐ No

If yes, please provide dates of employment: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work?

☐ Yes

☐ No



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EMPLOYMENT HISTORY

Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Can you travel if the job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are you available to work	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Temporary
What is the earliest date you are available to start?	_____			

Describe your work experience. Start with your current or most recent position. Include military service and volunteer activities.

1. EMPLOYER:		2. EMPLOYER:	
ADDRESS		ADDRESS	
JOB TITLE		JOB TITLE	
SUPERVISOR'S NAME AND TELEPHONE NUMBER		SUPERVISOR'S NAME AND TELEPHONE NUMBER	
DATES EMPLOYED FROM:	TO:	DATES EMPLOYED FROM:	TO:
DUTIES PERFORMED		DUTIES PERFORMED	
REASON FOR LEAVING		REASON FOR LEAVING	

3. EMPLOYER:		4. EMPLOYER:	
ADDRESS		ADDRESS	
JOB TITLE		JOB TITLE	
SUPERVISOR'S NAME AND TELEPHONE NUMBER		SUPERVISOR'S NAME AND TELEPHONE NUMBER	
DATES EMPLOYED FROM:	TO:	DATES EMPLOYED FROM:	TO:
DUTIES PERFORMED		DUTIES PERFORMED	
REASON FOR LEAVING		REASON FOR LEAVING	

If you need additional space, please continue on a separate sheet of paper.



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EDUCATION

SCHOOL	NAME & LOCATION	YEARS COMPLETED	DIPLOMA/DEGREE	GRADUATE
ELEMENTARY SCHOOL				
HIGH SCHOOL				
JUNIOR/ COMMUNITY COLLEGE				
COLLEGE AND/OR UNIVERSITY				
GRADUATE AND/OR PROFESSIONAL				
OTHER ED.VOC. TECH SCHOOLS				

ADDITIONAL INFORMATION

OTHER QUALIFICATIONS: Summarize special job-related skills and qualifications. These can include, but are not limited to languages spoken fluently, equipment/machinery licenses held, specialized training and extra-curricular activities.

ASSOCIATIONS: List any professional, trade or civic activities and/or offices you have held. You may exclude activities and/or offices that would reveal gender, race, religion, national origin, age, and any other protected status under the Equal Opportunity Employment Act.





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CRIMINAL HISTORY

Have you ever been convicted of a crime, jail sentence or entered in a plea of nolo contendere (no contest)?

☐

Yes*

☐

No

**If yes, you must provide details for each charge.*

Conviction will not necessarily disqualify an applicant from employment.

REFERENCES

List three references who have knowledge of your work ethic, work-related activities and/or school performance.

NAME	TITLE	PHONE NUMBER
1.		
2.		
3.		

APPLICANT AGREEMENT

- I certify that the information provided in this application is true and complete.
- I authorize investigation of all statements contained in this application, the results of which may be used in the hiring decision.
- 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 that if hired, it is my responsibility to show proof of citizenship or immigration status.
- I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature. This means that I may resign at any time and that the Orlando Science Center may discharge me 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 an authorized executive of this organization specifically acknowledges such change in writing.
- I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature: _____

Date: _____



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EQUAL EMPLOYMENT OPPORTUNITY SURVEY

The Orlando Science Center is committed to providing equal employment opportunities for all prospective employees. In responding to this survey you will be helping us to assess our equal employment efforts as well as help us to comply with state and federal laws pertaining to Equal Employment Opportunities. Completion of this survey is **voluntary**. The information gathered will not be used to evaluate your application.

Name (optional): _____

Position Applied for: _____

Please check all that apply to you:

☐

Male

☐

Female

☐

American Indian or Alaskan Native

☐

Asian

☐

Black or African American

☐

Hispanic or Latino

☐

Native Hawaiian or Pacific Islander

☐

White

☐

Other (Please specify) _____

Applications can be submitted by email, in person, or by mail.



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