



# Kingdom of Callaway Historical Society

Museum/Gift Shop  
513 Court Street  
573-642-0570  
museum@callawaymohistory.org

Mailing Address  
P O Box 6073  
Fulton, MO 65251

Research Center  
106 E. 4<sup>th</sup> Street  
573-826-2460  
research@callawaymohistory.org

*Our Mission: To collect, preserve and share the history of Callaway County with all generations*

## Application for Employment

*We are an Equal Opportunity Employer*

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Last Name	First Name	Middle Initial
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Address	City	Zip Code
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Phone Number	Email
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### Work Experience – List most recent job first

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From	Employer's Name/Address/Telephone	Job Title
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To	Reason for Leaving
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From	Employer's Name/Address/Telephone	Job Title
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To	Reason for Leaving
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From	Employer's Name/Address/Telephone	Job Title
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To	Reason for Leaving
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### General Information

When are you available to start work? \_\_\_\_\_

Do you have special skills, training or experience which may help you qualify for this job? If so, please explain.

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Do you have reliable means of transportation to get to work Yes ( ) No ( )

### Certification and Acknowledgment

I certify that the information provided herein is true and correct to the best of my knowledge. I understand that, if employed, falsified statements on the Application for Employment form will be considered grounds for termination.

I authorize the company to thoroughly investigate my work experience and any other matters related to my suitability for employment. I further authorize my former employers to disclose to the company any and all information they may have concerning my previous employment. In addition, I hereby release the company, my former employers and all other persons from any and all claims, demands or liabilities arising out of, or in any way related to, such disclosure.

I acknowledge that, if employed, both the company and I have the right to terminate the employment relationship at any time, with or without cause. This employment at will relationship will remain in effect throughout my employment with the company and may not be modified by an oral or implied agreement.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_