

Thank you for your interest in applying for employment at
The Pine Bush UFO & Paranormal Museum

Please note that applicants must be aged 18+

Please send/deliver completed application to 86 Main Street, Pine Bush, NY 12566

Pine Bush UFO & Paranormal Museum Gift Shoppe / Staff Application

CONTACT INFORMATION:

Name: _____ Email _____

Address: _____

Phone 1. _____ 2. _____

Do you have retail -or- customer service experience? Y _____ N _____

If yes, please explain: _____

Personal Statement: Please tell us why you are interested in a position at the Museum:

Please List Current relevant activities, clubs, skills, talents, and /or interests:

Education

	Name	Years A	City, State	Level Completed	Degree earned/ Field of study
High School					
College					
Vocational					
GED					

Employment History:

Dates From – To	Company/ Business	Address City, State	Contact Name / Phone Number	Job Title/Duties	Currently employed -OR- Reason for leaving

May we contact you employers? Yes _____ No _____

Have you ever been terminated from a job? No _____ Yes _____ If yes, why? _____

(Use back of sheet if needed)

Volunteering History:

Dates From – To	Group or Organization	Place: Address City, State	Contact Name / Phone Number	Job Title/duties

Professional References

Applications without references listed will not be considered.

Name of Reference	Relationship	Phone number and email address
1.		
2.		
3.		

Authorization

I authorize the Pine Bush Museum to verify the information contained in this application. I understand that a background check through the NYS DCJS will be conducted. I understand that any misrepresentation or omission of fact may justify termination of employment or employment process. A copy of this authorization shall have the same authority as the original.

I authorize, and understand that photographs taken during work hours may be used on social media and publications.

Applicant Name (PRINT) _____

Applicant Signature: _____ **Date** _____

Waiver

I HEREBY RELEASE, DISCHARGE, HOLD HARMLESS, PROMISE NOT TO SUE, SHALL DEFEND AND INDEMNIFY, the Town of Crawford, their officials, staff and volunteers, those affiliated with the Town of Crawford Small Business, Tourism & Event Center, and the Pine Bush UFO & Paranormal Museum ("Pine Bush UFO & Paranormal Productions, Inc.") from any and all rights and claims including arising from the negligence of the released parties, which may be directly or indirectly in connection to my participation/employment.

I acknowledge that by signing this document, I am releasing the Town of Crawford their officials, staff and volunteers, those affiliated with the Town of Crawford Small Business, Tourism & Event Center, and the Pine Bush UFO & Paranormal Museum ("Pine Bush UFO & Paranormal Productions, Inc.") from liability.

This release form has legal consequences. I have read it carefully before signing. The undersigned agrees that the remainder of this release and indemnity shall remain in full force and effect.

Applicant Name (PRINT) _____

Applicant Signature: _____ **Date** _____

Employee Criminal History Review
STATEMENT OF CONVICTIONS

All employees must complete this form. A crime is a misdemeanor or felony.

This does **NOT** include violations such as traffic infractions and trespassing.
Please Print.

Applicant's Name: First _____ Middle _____ Last _____ Maiden _____

Social Security Number _____ **Date of Birth** _____ **City of Birth** _____

Address _____

Conviction Statement:

In accordance with section 390-b(1)(a) of the Social Services Law, I certify that to the best of my knowledge and belief,

(Check One) _____ I have* _____ I have not

been convicted of a crime in New York State or other jurisdiction. If I have been convicted of a crime, I will provide true and accurate information concerning the crime for which I was convicted, the date of conviction and any other relevant information in the space below. In addition, I will provide written justification on the back of this sheet, explaining why I should be allowed to have contact with children regardless of my conviction. I am aware that this will be my only opportunity for this explanation to be considered in the decision to approve or deny my application.

*Record of all convictions:

Complete the information below and submit with record of conviction or certification of court arraignment.

TYPE OF CRIME	Penal Code Section	Date of Conviction	County or Court of Arraignment
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Example:

Disorderly conduct

240.20

3/17/1976

Albany

To the best of my knowledge the information provided above is true and accurate. I understand that my failure to truthfully and accurately state whether I have been convicted of a crime and/or to provide truthful and accurate information concerning the conviction(s) may constitute grounds for dismissal or denial of employment.

I give permission to The Town of Crawford to investigate my personal and any criminal history and to contact my references for information.

Applicant/ Employee Name (PRINT) : _____

Applicant/ Employee

Signature: _____ **Date** _____