

ROCK AND ROLL HALL OF FAME AND MUSEUM
1100 Rock and Roll Boulevard
Cleveland, Ohio 44114-1022



Assistance in completing this form is available upon request.
 Please answer all questions completely and accurately. Incomplete applications will not be considered.

APPLICATION FOR EMPLOYMENT
 (Please type or print clearly using a pen)

Last Name	First Name	Middle Initial	Social Security Number	
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Street Address	Apt. #	City	State	Zip Code
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Home Telephone (Including area code) ()	Work Telephone (or other number at which you can be reached) ()
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Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you applied here before? If yes, give date. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have reliable transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you been known by another name? If yes, what name? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you acquainted with anyone who is or was employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state name and relationship.
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Position(s) applying for: 1.	Job No.
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2.	Job No.
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Date Available:	Salary Requirement:
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Do you have the legal right to accept work in the United States? Yes No

In compliance with the Immigration Reform and Control Act of 1986, individuals offered employment by The Rock and Roll Hall of Fame and Museum will be required to show specified documentation as proof of authorization to work in the United States before hiring can occur. (Examples: U.S. Passport, state-issued driver's license; U.S. Military I.D. card; original social security card; birth certificate issued by the Department of State).

The Rock and Roll Hall of Fame and Museum is open seven days a week, 363 days a year. Closed Thanksgiving Day and Christmas Day only. Many positions require an employee to be available to work a flexible schedule including weekends, holidays, overtime, days, evenings and nights.

I am available to work:
 (Check all appropriate boxes)

Full-Time
 Part-Time
 Temporary

Weekends
 Holidays
 Overtime

Days
 Evenings
 Nights

Check the days of the week you are available to work and indicate the hours you are available in the space provided to the right.

<input type="checkbox"/> Monday	
<input type="checkbox"/> Tuesday	
<input type="checkbox"/> Wednesday	
<input type="checkbox"/> Thursday	
<input type="checkbox"/> Friday	
<input type="checkbox"/> Saturday	
<input type="checkbox"/> Sunday	

EMPLOYMENT RECORD

List your present or most recent employer first. Describe your employment history, accounting for all time during at least the past five (5) years. **DO NOT** substitute a resume for this information. You may, however, attach any additional information to the application packet. Incomplete applications will not be considered. You may include any verifiable work performed on a volunteer basis.

1	Employer	Dates Employed		
	Address	From	To	
		mo/day/year	mo/day/year	
	Telephone () Fax # ()	Hourly Rate/Salary		
	Job Title	Starting	Final	
Supervisor			Reason for Leaving	
2	Employer	Dates Employed		
	Address	From	To	
		mo/day/year	mo/day/year	
	Telephone () Fax # ()	Hourly Rate/Salary		
	Job Title	Starting	Final	
Supervisor			Reason for Leaving	
3	Employer	Dates Employed		
	Address	From	To	
		mo/day/year	mo/day/year	
	Telephone () Fax # ()	Hourly Rate/Salary		
	Job Title	Starting	Final	
Supervisor			Reason for Leaving	
4	Employer	Dates Employed		
	Address	From	To	
		mo/day/year	mo/day/year	
	Telephone () Fax # ()	Hourly Rate/Salary		
	Job Title	Starting	Final	
Supervisor			Reason for Leaving	

May we contact your present employer? Yes No May we contact your former employers? Yes No
 If no, please explain:

Have you ever been released or discharged from employment or resigned to avoid such release or discharge? Yes No
 If yes, please explain:

Have you ever been convicted of a felony? Yes No
 If you answered Yes to the above question, please list circumstances, places and dates in the space below. A conviction will not necessarily disqualify you from employment. We will consider your case individually, in relation to the position for which you have applied.

Place:	Date:
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Please list circumstances:

Do you have a valid State of Ohio driver's license? Yes No

STATE	OPERATOR LICENSE NO.	TYPE (Class)	Expiration Date

Have you ever been denied a license to operate a motor vehicle or has your license ever been suspended or revoked? Yes No
 If yes, state when and for what reason.

EDUCATION AND TRAINING

Education/Training (Schools) name and address	Subjects/Major	Circle Highest Level Completed	Graduated?	Diploma/Degree
High School or GED:		9, 10, 11, 12, GED	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University:		1, 2, 3, 4, 5, 6, 7, 8	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Trade School, etc.):		1, 2, 3, 4, 5, 6, 7, 8	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PROFESSIONAL/TECHNICAL LICENSES AND CERTIFICATES

Type of License/Certificate	License/Certificate Number	State/Organization Issued By	Expiration Date (if Any)

LANGUAGES (voluntary)

If you are applying for a position which may involve use of a foreign language, list the foreign language skills you have and level of fluency.

Language	Speak	Read	Write	Interpret/Translate

COMPUTER SKILLS

Check all that apply:

Word Processing/Windows
 FoxPro
 Raiser's Edge
 PowerPoint
 Word Processing/DOS
 Lotus/Excel
 Desktop Publishing
 Other _____

PROFESSIONAL REFERENCES

Please list the names, organizations, and phone numbers of three persons whom we may contact for professional recommendations:

1	Name of professional recommendation	Name of Organization	Telephone No. ()
2	Name of professional recommendation	Name of Organization	Telephone No. ()
3	Name of professional recommendation	Name of Organization	Telephone No. ()

ROCK AND ROLL HALL OF FAME AND MUSEUM APPLICATION FOR EMPLOYMENT

Applicant Survey (Voluntary)

As an Equal Opportunity Employer, The Rock and Roll Hall of Fame and Museum adheres to all Federal, State and local laws, rules and regulations as they pertain to Equal Employment Opportunity and Affirmative Action and complies with the United States Department of Labor periodic reporting requirements on gender and ethnic identity of applicants for positions in various companies.

Providing this data is voluntary. Non-completion of this form or any inclusion or exclusions will not preclude, enhance or detract from your opportunity for employment with The Rock and Roll Hall of Fame and Museum.

Last Name	First Name	Middle Initial	Date	
Street Address	Apt. #	City	State	Zip Code
Home Telephone (Including area code) ()		Work Telephone (or other number at which you can be reached) ()		
Social Security Number		Date of Birth		

Position(s) applying for: 1.	Job No.
2.	Job No.

Equal Opportunity Employer
Applicants/employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, or disability, or other legally protected status.

How did you learn about this position?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Job Fair
<input type="checkbox"/> Community Agency	<input type="checkbox"/> School/College
<input type="checkbox"/> Friend or Colleague	<input type="checkbox"/> Other _____
<input type="checkbox"/> Rock and Roll Hall of Fame and Museum	

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race/Ethnicity: <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Caucasian (White)</td> <td><input type="checkbox"/> American Indian/ Alaskan Native</td> </tr> <tr> <td><input type="checkbox"/> Asian/Pacific</td> <td><input type="checkbox"/> Hispanic</td> </tr> <tr> <td><input type="checkbox"/> African American (Black)</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> Caucasian (White)	<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> Asian/Pacific	<input type="checkbox"/> Hispanic	<input type="checkbox"/> African American (Black)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Caucasian (White)	<input type="checkbox"/> American Indian/ Alaskan Native						
<input type="checkbox"/> Asian/Pacific	<input type="checkbox"/> Hispanic						
<input type="checkbox"/> African American (Black)	<input type="checkbox"/> Other _____						

Other:

<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Disabled Individual
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Please be advised this information will be maintained separately from employment application and will not be considered by The Rock and Roll Hall of Fame and Museum when making its hiring decision.

ROCK AND ROLL HALL OF FAME AND MUSEUM

By signing below, you certify that you have read, understand and agree to all of the following statements:

You certify that all of the statements made on this Application for Employment are true, complete and correct to the best of your knowledge and belief, and are made in good faith. You understand that employment is contingent upon satisfactory completion of *all pre-placement requirements and procedures which may include:*

1. Interviews
2. Background investigation which may include motor vehicle report, criminal record, credit report
3. Post-hire, pre-employment physical examination which includes a urine drug screen
4. Provision of proof of identity and employment eligibility for work in the U.S.
5. Educational and reference checking
6. Testing (If applicable to the position for which you are applying)

You further understand that if you are employed by the Museum, you may be required, when job-related and consistent with the Museum's business needs, to undergo a medical examination or testing for alcohol. You also understand that you may be required to submit to a test for the use of illegal drugs at any time.

You agree to release to the Museum or its designated agents all medical information, including but not limited to files, reports, x-rays, evaluations and opinions held by medical personnel, to the extent such information is job-related and consistent with the Museum's business needs. You acknowledge by your signature below that this is a general release and that if hired, it remains in effect for the duration of your employment with the Museum.

You understand that the information you have provided may be verified and failure to provide mandatory information and/or falsification of information may be grounds for disqualification or separation. You understand and agree that any falsification or omission either on this form or in response to questions asked during the interview or examination process or on employment forms that you subsequently complete, including I-9 Forms, shall be grounds for immediate termination no matter when the falsification or omission is discovered.

You agree, if hired, that you will conform to the rules and regulations of The Rock and Roll Hall of Fame and Museum and further agree that your employment is for no definite period of time and can be terminated, with or without cause, and with or without notice, at any time, at the option of either The Rock and Roll Hall of Fame and Museum or yourself.

At termination, if you are for any reason indebted to The Rock and Roll Hall of Fame and Museum, whether for cash advances, uniforms, certification costs, or otherwise, you agree that The Rock and Roll Hall of Fame and Museum shall have the right to make the necessary deductions for an amount sufficient to fully cover and completely pay for all of your indebtedness, provided after said deductions you receive an amount equal to what you would be entitled to under the applicable wage hour laws. You will, however, still be responsible for any deficiency.

You give the Museum your permission to conduct any investigation regarding the information contained in your employment application, which the Museum thinks is necessary to determine your qualifications for assuming a job with the Museum. You give the Museum your permission to contact any former employer, school, college or university, utility company, credit or finance bureau or office, any personal or professional reference, or any other appropriate source or individual for the purpose of gathering any information, personal or otherwise, that such sources may have about my character, general reputation, credit, education or employment record, and you give your consent to any such source to release to the Museum whatever information they have about you. You also unconditionally release all named and unnamed sources from any and all liability which might result from furnishing any information about you.

NOTE: Your application must be signed and dated to receive employment consideration.

Signature of Applicant:

Date:

The Rock and Roll Hall of Fame and Museum is an Equal Opportunity Employer
Various Federal, State, and Local laws prohibit discrimination on account of race, color, religion, sex, age, national origin, disability or veteran status. It is the policy of the Rock and Roll Hall of Fame and Museum to comply fully with these laws, as applicable, and information requested on this application will not be used for any purpose prohibited by law.