



**ST. AUGUSTINE  
LIGHTHOUSE  
& MARITIME MUSEUM**

**Employment Application**

**General Information**

Last Name		First		Middle Initial	Last 4 Digits of Social Security No. XXX - XX -	
Street Address			City	State	Zip Code	
E – Mail Address		Home Phone ( )		Cell Phone ( )		
Position Applied For (Title)	Department / Company (Lighthouse, LAMP)			Salary Requirement <input type="checkbox"/> Hourly <input type="checkbox"/> P-Time <input type="checkbox"/> Annually <input type="checkbox"/> F-Time		Date Available
How did you learn of this vacancy (please list the specific employee, newspaper, web site, or other source)?						
Have you previously used any other names besides what is provided above? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please specify below:						
Are you over 18 years old? <input type="checkbox"/> No <input type="checkbox"/> Yes		Are you eligible for employment in the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes (If offered employment, you will be required to provide documentation to verify eligibility.)				
Do you have any direct or indirect relatives or friends , volunteers, interns or Board of Trustees that work or are associated with us? <input type="checkbox"/> No <input type="checkbox"/> Yes ; IF Yes, please provide details of your relationship						

**First Light Maritime St Augustine Lighthouse & Museum, Inc. Affiliation**

Are you now or have you ever been employed by any of our companies? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list the location, title, department, and dates below:	
<b>Note:</b> If you are currently employed by the SAL&M, have you informed your supervisor of this application. <input type="checkbox"/> No <input type="checkbox"/> Yes Your supervisor, however, must be informed if you are invited for an interview. Please attach your most recent work performance appraisal.	
Are you now or have you ever served our companies as a Trustee, volunteer or intern or a staff member? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list location, title, department, and dates below:	

**Education**

High School Name		City	State	Diploma/Equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College and/or Technical School Name		City	State	Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Major	Degree Earned		If degree not earned, years completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Other Training or Degrees School Name			City	State	
Major			Degree Earned		

**Membership in Professional or Civic Organizations or Board**

(Exclude those that may disclose your race, ethnic background, religion or national origin)

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**Drug Screen / Back Ground Check / Record of Conviction**

We are a Drug Free Work Place and require a drug screen as part of the application process for employment, Check I understand and agree <input type="checkbox"/>	
Have you ever been convicted of a crime other than a minor traffic offense (including during Military Service)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:	

**Equal Opportunity Employer**

**Employment History:** List current/last employer first, include U.S. military service.

Employer Name		Address		City	State	Zip Code
Telephone No. ( )		Your Title		Department		
Beginning Date	Ending Date	Final Salary	Supervisor's Name & Title			
If you are still employed, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Summary of duties:						
Reason for leaving:						
Employer Name		Address		City	State	Zip Code
Telephone No. ( )		Your Title		Department		
Beginning Date	Ending Date	Final Salary	Supervisor's Name & Title			
Summary of duties:						
Reason for leaving:						
Employer Name		Address		City	State	Zip Code
Telephone No. ( )		Your Title		Department		
Beginning Date	Ending Date	Final Salary	Supervisor's Name & Title			
Summary of duties:						
Reason for leaving:						

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

**Skills**

List MS Office Products that you Know and your proficiency			
	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor
	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor
	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor
Languages (including Sign Language):	Fluency		
List:	Written		Spoken
	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Please list any other skills relevant to the position for which you are applying:			

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that false statements of any kind or omission of facts called for on this application are a basis for dismissal regardless when they are discovered. I understand that any employment offered is for an indefinite duration, unless otherwise specified in writing, and is at-will, which means that either the St. Augustine Lighthouse and Museum, Inc. or I may terminate my employment at any time with or without notice or cause. I further understand that neither the policies, rules, regulations of employment, application for employment, nor anything said during the interview process shall be deemed to constitute the terms of any implied employment contract.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_