

AFRICAN AMERICAN WESTERN  
HERITAGE CENTER

Employment Application

The AAWHC is an equal opportunity employer. However, we are a historical organization, and knowledge of African American History in the United States of America is required as one of the basis for employment. The applicant must meet all organizational requirements to be employed by the company. These requirements include but are not limited to knowledge, skills, education, license, and training for the applying position.

We are an education oriented organization. All positions, other than volunteer, require a minimum of a high school diploma or equivalence. College degrees are required for any advance position. The AAWHC will accept degrees as follows: Associate of Arts or Science, Bachelor of Arts or Science, Master of Arts or Science, PhD or EDD, M.D., Pharmacy Doctorate or Doctor of Jurisprudent from an accredited and recognized institution of higher learning in the United States of America.

The organization does not accept any degree that is computer based, generated, or oriented. We do not accept theological degrees. All applicants should have obtained training in the traditional manor.

I HAVE READ THE ABOVE INFORMATION AND I ACCEPT THE  
CONDITIONS OF EMPLOYMENT.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

We consider applicants from all positions without regard to race, color, religion, age marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. Proof of citizenship or immigration status will be required upon employment.

(PLEASE TYPE OR PRINT)

Position Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Name or Initial \_\_\_\_\_

Is there any other information regarding your name that will be needed to check your work or school records?

Address \_\_\_\_\_ Street Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ zip code \_\_\_\_\_

Telephone Number(s) [indicate home or work] \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date Available \_\_\_\_\_ Are you available FT \_\_\_\_\_ PT \_\_\_\_\_ WK ends \_\_\_\_\_

Are you 18 years of age or older Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony within past 7 years Yes \_\_\_\_\_ No \_\_\_\_\_

Conviction will not necessarily disqualify an applicant from employment

If yes attach explanation.

Can you produce documents proving you are authorized to work in the United States?

Yes \_\_\_\_\_ No \_\_\_\_\_ Statement \_\_\_\_\_

EDUCATION

HIGH SCHOOL UNDERGRADUATE GRADUATE

School name and Location

Years completed 1 2 3 4 1 2 3 4 1 2 3 4

Diploma or degree

Course of study XXXXXXXXXXX

State any additional information you feel may be helpful to us in considering your application (such as any specialized skills; apprenticeships; honors received; professional, trade, business, or civic organizations or activities, job-related military training or experience; foreign language abilities; etc. list on extra paper

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**EMPLOYMENT EXPERIENCE**

Start with your present or last Job. Include any job related military experience and voluntary activities. You may exclude organization which indicate race, color, gender, national origin, handicap, or other protected status.

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1. Employer Name and address	Date Employed	Job Title/ Duties
	Hourly Rate/Salary	
May we contact this employer? Yes__ No__	Work Hrs. per wk	
Employer Phone_____		
Supervisor_____		
Reason for Leaving _____		

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2. Employer Name an address	Dates Employed	Job Title/Duties
	Hourly Rate/ Salary	
	Work Hrs. per wk.	
Employer Phone_____		
Supervisor_____		
Reason for Leaving _____		

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3. Employer Name and Address	Dates Employed	Job Title/Duties
	Hourly Rate/Salary	
	Work Hrs. per wk	
Employer Phone_____		
Supervisor_____		
Reason for Leaving_____		

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References: Name	Occupation	Address	Phone	Relationship
1. _____				
2. _____				
3. _____				

IF YOU NEED MORE SPACE CONTINUE ON SEPARATE SHEET

APPLICANT'S STATEMENT

I certify that the information given on this application is true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application and understand that false or misleading information given in my application or interviews may result in discharge.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is "at will" which means that I may resign at anytime and the employer may discharge me at any time with or without cause. I further understand that this "at will" employment relationship may not be changed orally, by any written document, or by conduct, unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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Signature of Applicant

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Date

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