

700 Exposition Park Drive  
 Los Angeles, CA 90037  
[HR@cscmail.org](mailto:HR@cscmail.org)  
[www.californiasciencecenter.org](http://www.californiasciencecenter.org)



**California Science Center Foundation**  
**Employment Application**  
 An Equal Opportunity Employer

DATE: \_\_\_\_\_

PLEASE PRINT ALL INFORMATION

**PERSONAL INFORMATION**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PERMANENT ADDRESS (IF DIFFERENT FROM PRESENT ADDRESS) \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ OTHER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

HAVE YOU EVER BEEN AN EMPLOYEE OR VOLUNTEER OF THE CALIFORNIA SCIENCE CENTER OR THE CALIFORNIA MUSEUM OF SCIENCE AND INDUSTRY?  
 NO  YES IF YES, WHEN? \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED?  Yes  No IF SO, MAY WE CONTACT YOUR CURRENT EMPLOYER?  Yes  No

NAMES OF RELATIVES EMPLOYED BY THIS ORGANIZATION

NAME \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ DEPARTMENT \_\_\_\_\_  
 NAME \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

IF HIRED, WOULD YOU HAVE RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK?  Yes  No

ARE YOU AT LEAST 18 YEARS OLD? (If under 18, hire is subject to verification that you are of minimum legal age.)  Yes  No

IF HIRED, CAN YOU PRESENT EVIDENCE OF YOUR U.S. CITIZENSHIP OR PROOF OF YOUR LEGAL RIGHT TO LIVE AND WORK IN THIS COUNTRY?  
 Yes  No

**EMPLOYMENT DESIRED**

POSITION (S) APPLYING FOR: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_  
 Regular Full-time work  Regular Part-Time work  Temporary work, e.g., summer or holiday work

WHAT DAYS AND HOURS ARE AVAILABLE FOR WORK? \_\_\_\_\_  
 AVAILABLE FOR WORK ON WEEKENDS  AVAILABLE TO WORK OVER-TIME, IF NECESSARY

IF HIRED, ON WHAT DATE CAN YOU START WORK? \_\_\_\_\_ HOW WERE YOU REFERRED TO US? \_\_\_\_\_

**EDUCATION, TRAINING AND EXPERIENCE**

TYPE OF SCHOOL	NAME AND ADDRESS, CITY & STATE	YRS. COMPLETED	GRADUATED?	DEGREE OR DIPLOMA
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
VOCATIONAL/BUSINESS				

MANY OF OUR GUESTS DO NOT SPEAK ENGLISH. DO YOU SPEAK, WRITE OR UNDERSTAND ANY FOREIGN LANGUAGES?  YES  NO  
 If so, which language(s) \_\_\_\_\_

DO YOU HAVE ANY OTHER EXPERIENCE, TRAINING, QUALIFICATIONS OR SKILLS, WHICH YOU FEEL, MAKES YOU ESPECIALLY SUITED FOR WORK AT THE CALIFORNIA SCIENCE CENTER?  YES  NO If so, please explain \_\_\_\_\_

### EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of employment. You must complete this section even if attaching a resume. ATTACH ADDITIONAL PAGE(S) IF NECESSARY.

EMPLOYER _____	ADDRESS _____	PHONE _____
TYPE OF BUSINESS _____	IMMEDIATE SUPERVISOR _____	DATES OF EMPLOYMENT From: _____ To: _____ ___ Full-Time ___ Part-Time
YOUR POSITION AND DUTIES _____		
REASON FOR LEAVING _____		
May we contact this employer for reference? ___ Yes ___ No		

EMPLOYER _____	ADDRESS _____	PHONE _____
TYPE OF BUSINESS _____	IMMEDIATE SUPERVISOR _____	DATES OF EMPLOYMENT From: _____ To: _____ ___ Full-Time ___ Part-Time
YOUR POSITION AND DUTIES _____		
REASON FOR LEAVING _____		
May we contact this employer for reference? ___ Yes ___ No		

EMPLOYER _____	ADDRESS _____	PHONE _____
TYPE OF BUSINESS _____	IMMEDIATE SUPERVISOR _____	DATES OF EMPLOYMENT From: _____ To: _____ ___ Full-Time ___ Part-Time
YOUR POSITION AND DUTIES _____		
REASON FOR LEAVING _____		
May we contact this employer for reference? ___ Yes ___ No		

### REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last three years.

NAME	ADDRESS & PHONE	OCCUPATION	NO. OF YRS ACQUAINTED

### PRE-EMPLOYMENT STATEMENT:

Please read carefully, initial each paragraph and sign below

\_\_\_\_\_  
Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection if this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
Initials I hereby authorize the California Science Center Foundation to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the California Science Center Foundation any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. I hereby release the California Science Center Foundation, my former employer and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the California Science Center Foundation. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option for either myself or the California Science Center Foundation, and that no promises or representations contrary to the foregoing are binding on the California Science Center Foundation unless made in writing and signed by me and the California Science Center Foundation's designated representative. All prior agreements are superseded by the at-will policy.

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

\_\_\_\_\_  
Date

**CALIFORNIA SCIENCE CENTER FOUNDATION**  
**SURVEY/BACKGROUND INVESTIGATION AUTHORIZATION**

**APPLICANT SURVEY**

**NOTE:** *False statements made under penalty of perjury may also result in criminal prosecution.*

**Please answer all of the following questions with “yes” or “no”**

- Have you ever used, or have been known by any other name? o Yes                      o No
- Have you ever advised, advocated, taught or been a member or affiliated with any group, society, association, organization or party which teaches the overthrow by force or violence of the Government of the United States or the State of California? o Yes                      o No

If you answered “yes” to any of the above questions, please explain below.

(Please note that a “yes” answer to any of the above questions may not necessarily exclude you from employment.)

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**BACKGROUND INVESTIGATION / APPLICANT CERTIFICATION AND AUTHORIZATION**

**NOTE:** *Parent/Guardian consent is required for all Youth/Minors, prior to conducting the investigation.*

I hereby give the **CALIFORNIA SCIENCE CENTER FOUNDATION** the right to conduct an investigation of my background. I understand that the investigation may include inquiry into my past employment, volunteer activities, education, including but not limited to, criminal background information and driving record. I release from all liability all persons, companies, schools, and corporations supplying such information. I indemnify the **CALIFORNIA SCIENCE CENTER FOUNDATION** against any liability, which might result from making such investigation. I understand that any false answers, statements, implications or derogatory information made by me or which is revealed as a result of this background investigation based on information supplied in any application for employment or volunteer opportunities, or other required documents, may be considered sufficient cause for denial of employment, volunteer opportunities or, discharge.

I understand that for Employment Opportunities, the **CALIFORNIA SCIENCE CENTER FOUNDATION** may contact my previous employers and I authorize those employers to disclose to the **CALIFORNIA SCIENCE CENTER FOUNDATION** and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me.

Should a background investigation be obtained in connection with my application for employment, or volunteer opportunities, I understand that I will receive a copy of the reports, free of charge, and the report will be delivered to me in person or mailed to me at the address indicated on my employment or volunteer application within seven (7) days.

I have read and understand the Applicant Disclosure, a copy of which I acknowledge receiving, advising me that a comprehensive background investigation will be conducted, which may include inquiry into past employment, education, and activities, including but not limited to, criminal background information and my driving record.

I declare under penalty of perjury that all statements on this form and attachments are true and complete to the best of my knowledge. I further understand that false, misleading or incomplete information shall be cause for disqualification.

\_\_\_\_\_  
Name of Applicant (Print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**COMPLETE THIS FORM AND RETURN WITH YOUR APPLICATION**

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**BACKGROUND INVESTIGATION**

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**APPLICANT DISCLOSURE**

The **CALIFORNIA SCIENCE CENTER FOUNDATION** will conduct a background investigation. The investigation will be comprehensive and may include inquiry into past employment, volunteer activities, and education, including but not limited to, criminal background information and driving record.

The **CALIFORNIA SCIENCE CENTER FOUNDATION** has contracted with **IMI Data Search, Inc.**, 275 E. Hillcrest Dr., Suite 100 Thousand Oaks, CA 91360, to conduct the background investigation.

**APPLICANT COPY**

**Keep This Copy for your Records**

***(PARENT/GUARDIAN SHOULD ALSO RECEIVE A COPY  
FOR APPLICATIONS SUBMITTED BY YOUTH/MINORS)***



# Community Teen Interns

## Supplemental Application For Multi-Year Program 2024-2025 Cohort

### 1 Applicant Information

*Please print or type.*

Applicant Name    Street Address    City    State    Zip Code

Home Phone    Cell Phone    Email address

Former Curator Kids Club or Young Curators Member:      YES      NO  
(circle one)

### 2 Academic Background

*Please print or type.*

School Name    Year of Anticipated High School Graduation    Grade Point Average (GPA)

### 3 Academic Performance

Attach a copy of your most up-to-date high school transcript, showing grades for all courses through Spring 2024 semester. (Note: Report or Progress Report Cards will **NOT** be accepted.)

### 4 Personal Statement

*Please print or type your answer to both questions on a separate sheet of paper and attach with your complete application. Each response should be a minimum of 2 paragraphs in length, typed, double-spaced on a separate sheet of paper and submitted with your complete application.*

1. Describe the world you come from – for example, your family, community or school – and tell us how your world has shaped your dreams and aspirations.?
2. Describe a challenge or barrier that you have faced throughout your high school experience. What motivated you to persist, and how did you overcome them?

## STEM Response

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Please answer *one* of the following questions. Your response should be a minimum of 2 paragraphs in length, typed, double-spaced on a separate sheet of paper and submitted with your complete application.

- A. How did you become interested in marine biology OR air and space science?
- B. How does science play a role in your everyday life?

## Application Checklist

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Please ensure that you have completed all the necessary steps in the application process

- Completed and Signed Science Center Foundation Application
- Completed and Signed Supplemental Application
- Copy of High School Transcript
- Personal Statements
- STEM Response
- Declaration-Parent Signature
- Completed and Signed Recommendation Form

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## Declaration

*Parent Authorization: I hereby give permission for my child to participate in all activities associated with this position. The California Science Center Foundation may photograph my child during the program and I consent to the use of these photographs in California Science Center Foundation promotional materials and social media platforms.*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Mail, fax, or drop-off application to:**  
California Science Center Foundation  
Foundation Human Resources Department  
700 Exposition Park Drive  
Los Angeles, CA 90037  
(213) 744-7444  
Fax: (213) 744-2673  
**Or Email as a PDF to:**  
[HR@cscmail.org](mailto:HR@cscmail.org)

**Application Deadline: Friday, September 20, 2024 at 5:00 PM**

# Recommendation Form

**Applicant:** Please provide this form to an adult that has known you for at least one year (i.e. teacher, supervisor, or community leader). Upon completion, submit this form, along with your completed application, to the California Science Center at the address noted on page 2 of the application.

**Recommender:** Please complete this recommendation form, along with a typed letter of recommendation, for the applicant and return it to him/her for submission. This form will serve as a tool to measure the student's ability to serve as a Community Teen Intern at the California Science Center. To be eligible for candidacy to become a Community Teen Intern, the applicant must be a responsible and mature individual who meets the following criteria:

- Must be a 10<sup>th</sup> - 11<sup>th</sup> grade student, currently enrolled in high school.
- Minimum 2.0 grade point average (GPA).
- Available to work Weekends and school holidays, 8:30 AM - 4:00 PM.
- Willingness to learn and help others learn.

## 1 General Information

Please print or type.

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Applicant Last Name	Applicant First Name	Recommender's Relationship to Applicant
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Recommender Last Name	Recommender First Name	Title
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School/Organization	Address	Phone Number
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## 2 Letter of Recommendation

Please submit a typed and signed one-page letter of recommendation on business letterhead or school stationery. Please **describe the student on level of:** (a) maturity; (b) honesty; (c) dependability; (d) communication skills; (e) social skills; (f) conduct; (g) willingness to work; (h) ability to work independently and interdependently; (i) readiness to learn and help others learn; (j) interest in science.

## 3 Signature

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Signature

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Date