



Friends of the

Corpus Christi Museum of Science & History

1900 N. Chaparral Corpus Christi, TX 78401 (361) 826-4667

Job Title:	Seasonal Museum Educator
Status:	Seasonal
FLSA Code:	Non-Exempt
Report to:	Director of Education and Museum Programs
Supervisory Responsibilities:	This job has no supervisory responsibilities.
Who May Apply?	All persons legally authorized to work in the United States and meet minimum education and experience.
Salary:	Hourly employee, \$13.00 per hour

Position Summary:

The Educator is responsible for the creation, organization, and implementation of the museum's educational programs offered to students and community audiences. This position is seasonal for the summer, from June 2nd through July 26th. Part-time hours consist of 20-25 hours per week. Open availability needed, including weekends.

Essential Duties and Responsibilities:

- Deliver educational programs to target audience.
- Collaborate with the Education Director and Education staff to develop innovative TEKS aligned programs.
- Maintain control of the classroom and actively engage the audience.

Education Required:

Associate of Science or Arts degree required. Bachelor's degree preferred.

Previous Work Experience:

Minimum of two years of relevant work experience preferred. Classroom and/or interpretive experience preferred. Informal education experience preferred.

Technical Knowledge and Skills:

- Possess leadership and problem-solving skills.
- Excellent verbal and written communication skills.
- Work effectively with adults and children.
- Exercise good judgement and discretion.
- CPR/ First Aid Certified
- Proficient in Microsoft Office products (Excel, Word, PowerPoint, and Outlook)



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Other:

- Must own vehicle and provide proof of required insurance.
- Applicant must be able to lift 25 lbs.

Compensation:

1. Hourly Salary Range: \$13.00
2. Staff free parking.
3. Discounted admission and purchases.

Employment Classification:

Non-exempt. A non-exempt employee is subject to the minimum wage and overtime provisions of the Fair Labor Standards Act and associated regulations. Non-exempt employees are required to be paid overtime at the rate of time and one-half their regular rate of pay for all hours actually worked beyond forty hours in a workweek, in accordance with applicable federal wage and hour laws. Sick leave, holiday, and vacation time cannot be used in calculating overtime.

The job description for this position is intended to provide an overview of responsibilities and is not meant to be considered all-inclusive.

Closing Statement:

- Selected applicants must be able to pass a background investigation.
- Any position that lists a minimum qualification for education level and license/certification will require the applicant to provide proof of documentation if selected for hire.
- This position is part-time, not to exceed a 25-hour work week, and is non-exempt from Fair Labor Standards and Practices overtime compensation requirements. Employee must be available and able to work non-traditional hours, including nights and some weekends.
- The job description for this position is intended to provide an overview of responsibilities and is not meant to be considered all-inclusive.
- Please submit a cover letter and resume to karens3@ccmuseum.com. As the first step in your application's evaluation, please type your last name and the position you're applying for in the subject line. Please describe any other volunteer or community service activities, and any personal experience in museums and why/how they've made a difference to you. Should your application be advanced, we will request authorization for a background check, and references.



**1900 N. Chaparral St.
Corpus Christi, TX 78401**

EMPLOYMENT APPLICATION

Your application will be reviewed in detail. The decision on which applicants will be interviewed will be based on the information you provide within the format given herein. You may attach your resume to this application but it will not be accepted in lieu of an application.

Our policy is to provide equal employment to all qualified persons without regard to race, creed, color, religious belief, sex, sexual orientation, age, national origin, ancestry, physical or mental disability or veteran status.

PERSONAL INFORMATION:

Name: _____

Complete Home Address: _____

City, State, Zip: _____

Day Phone: _____ Evening Phone: _____

Email Address: _____

Are you a U.S. citizen or authorized by INS to work? *(Documentation will be required)* Yes No

Have you ever been convicted of a felony? *(This will not necessarily affect your application)* Yes No

If yes, please explain:

Are you bi-lingual? Yes No In what language/languages? _____

EMPLOYMENT DESIRED:

Position applying for: _____

Have you ever applied for employment here? Yes No

When _____ What position? _____

Have you ever been employed by this company? Yes No

When _____ What position? _____

Are you presently employed? Yes No May we contact your present employer? Yes No

Supervisor Name: _____ Position: _____

Contact Telephone Number: _____

Are you willing to travel? Yes No Do you have an automobile? Yes No

Valid Driver's License Number: State:

Can you provide proof of auto insurance? Yes No Date you can begin employment:

EDUCATION:

High School Location Graduate Yes No

_____ _____ GED Yes No

College Location Degree Obtained and Major

_____ _____ _____

_____ _____ _____

Can you provide proof of your education? Yes No (*Documentation will be required*)

Are you planning to continue your studies? Yes No

If yes, where and what courses of study? _____

COMPUTER SKILLS:

Typing Speed in WPM: _____

- List all the Computer Software that you are **proficient** in and describe your experience and skills in each.

WORK EXPERIENCE: Please list employment for the last five-(5) years starting with most recent employment.

<i>Employer:</i>		<i>Date From</i>		<i>Date To</i>	
<i>Address:</i>					
<i>Position/Title:</i>					
<i>Responsibilities:</i>					
<i>Reason for Leaving:</i>					

<i>Employer:</i>		<i>Date From</i>		<i>Date To</i>	
<i>Address:</i>					
<i>Position/Title:</i>					
<i>Responsibilities:</i>					
<i>Reason for Leaving:</i>					

<i>Employer:</i>		<i>Date From</i>		<i>Date To</i>	
<i>Address:</i>					
<i>Position/Title:</i>					
<i>Responsibilities:</i>					
<i>Reason for Leaving:</i>					

<i>Employer:</i>		<i>Date From</i>		<i>Date To</i>	
<i>Address:</i>					
<i>Position/Title:</i>					
<i>Responsibilities:</i>					
<i>Reason for Leaving:</i>					

Attach an additional sheet if needed to list all employments in the last 5 years

REFERENCES:

List three references (**two of whom must be former employers**), not related to you, whom you have known more than one year.

Name: _____ Phone: _____

Address: _____ Years Known: _____

Name: _____ Phone: _____

Address: _____ Years Known: _____

Name: _____ Phone: _____

Address: _____ Years Known: _____

Please tell us which responsibilities outlined in the accompanying job description are most suited to your skills and why:

Please tell us which responsibilities outlined in the accompanying job description will be most challenging or even difficult for you to fulfill and why:

Please help us make an informed decision on you as an applicant. What is it that makes you stand apart from other qualified applicants?

Please list your anticipated rate of compensation for this position: \$ _____

(applications without this information will not be considered)

Thank you for your time and careful consideration in completing this application. Please be assured that we will also take time and careful thought in our consideration.

PLEASE READ BEFORE SIGNING:

I acknowledge the importance of telling the truth on this application and any associated documents (herein "application"). I affirm that all of the information provided by me on this application is true to the best of my knowledge. The information is also not intended to mislead The Corpus Christi Museum of Science and History in any way about my qualifications or background. If I have omitted any information or provided information that is false or misleading, my application will be rejected, and I will not be eligible for employment. In addition, if it is later learned that any information on this application is false or misleading, that I may be subject to discipline up to and including immediate discharge.

I authorize my previous employers, schools, or persons listed as a reference to give any information regarding employment or educational record. I agree that The Corpus Christi Museum of Science and History and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this organization, I will comply with all rules and regulations set by the organization in any communication distributed to the employee.

I understand that employment with The Corpus Christi Museum of Science and History is "at will" which means that either this organization, or I may terminate the employment relationship at any time, with or without prior notice.

Applicant Signature: _____ **Date:** _____

DISCLOSURE FOR CONSUMER REPORTS

In connection with my application for employment (including contract or volunteer services) with CCMSH, I understand consumer reports will be requested by you (“Company”). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, work experience, education, accidents, licensure, credit (as allowed by law – where required, you will be presented with additional disclosures), etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record (which will include all or part of the following information: photograph, social security number, driver’s license number, your name, your address and medical or disability information), workers’ compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

If I am hired, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service.

Acknowledged:

Signature

_____/_____/_____
Date

Printed Full Name

AUTHORIZATION

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by CCMSH (“Company”) and its consumer reporting agency Intelifi. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during, as permitted by law, my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

In connection with my application for employment, I direct the following regarding my current employer: (please check one). Yes, my current employer may be contacted _____ / No, my current employer cannot be contacted _____

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (initials).

I authorize Company and Agency to use email communication with me to provide me with notices and information regarding any report or use of such report. If I do not have an email address or do not wish to share it, then communication will be by U.S. Mail, which will result in slower communication.

If you have any questions concerning this background screening content, please contact: Intelifi at (888) 409-1819.

Printed Full Name: _____

Signature: _____

Date: ____/____/____

Email: _____; I do not have or want email _____
(Initial)

List mailing address: _____

For identification purposes:

Social Security No.: _____; Date of Birth: _____

Driver’s License No.: _____; State of Issue: _____

Other Names Used: _____

INFORMATION REGARDING YOUR RIGHTS

I understand that I have the right to make a request to the consumer reporting agency: Intelifi (“Agency”), 8730 Wilshire Blvd, 4th Floor, Ste. 412, Beverly Hills, CA 90211, telephone number (888) 409-1819, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information. The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency’s privacy policy at their website: www.intelifi.com.

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me.

Check here:

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____(initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

New Hampshire registered drivers: The consent for driving records is valid for only two (2) years and is revocable at any time.

Personal information in MVRs means information that identifies you, such as your photograph, social security number, driver’s license number, your name, your address, your telephone number and medical or disability information relating to any license restrictions. **Highly restricted personal information** includes your photograph or image, social security number, medical or disability information relating to any license restrictions. 18 U.S.C. §2725.

Acknowledged:

Signature

_____/_____/_____
Date