**Job Description:** Museum Educators support the Museum’s Mission to by encouraging visitors to explore the Museum, while providing them with the tools and knowledge for a safe, educational and enjoyable visit.

**A Museum Educator’s Day may include:**
- Leading guided tours for schools, scouts and camp groups
- Presenting a planetarium program
- Conducting MMKIDS educational programs in the Innovation Laboratory
- Reading to young children at story-time
- Supervising an arts and crafts session
- Assisting visitors in the use of interactive exhibition elements
- Routine tidying throughout their shift
- Craft/activity preparation
- Greeting guests at our front

**Requirements:** Must be 18 years of age or older. Must be enthusiastic, pleasant, flexible, willing to learn and to engage others – especially children and families. Must have good public speaking and customer service skills. Experience in education or supervising and working with children in a camp or recreational activity is preferred, but not required.

Our Museum Educators work 10-15 hours per week; Must be available for flexible shifts of 4-7.5 hours on Saturdays between the hours of 9:30am and 7:30pm, or on Sundays between the hours of 9:30am-5pm

**Salary:** $10.00 an hour

Submit your application to Catherine Esposito, Education Programs Manager
cesposito@monmouthmuseum.org ● Monmouth Museum, PO Box 359 Lincroft, NJ 07738
Application for Employment

The Monmouth Museum prohibits discrimination against and harassment of any employee or any applicant for employment because of race, color, national or ethnic origin, age, religion, disability, sex, sexual orientation, gender identity and expression, veteran status or any other characteristic protected under applicable federal or state law.

Date ______________

First name _____________________ Middle name________ Last name ____________________________________

Street Address ____________________________________________________________

City _____________________  State _______  ZIP ___________

Telephone_____________________________________ Email ________________________________

Social Security # ________________________________________ Student ID #______________________________

How did you hear of this opening? __________________________________________________________________

When can you start? _____________________________

Days of the Week and Hours you are available:
Monday: The Museum is Closed on Mondays
Tuesday 9:30am to 5:00pm  [ ] Yes  [ ] No
Wednesday 9:30am to 5:00pm  [ ] Yes  [ ] No
Thursday 9:30am to 5:00pm  [ ] Yes  [ ] No
Friday 9:30am to 7:30pm (split into shifts 7.5 hours or less)  [ ] Yes  [ ] No
Saturday 9:30am to 7:30pm (split into shifts of 7.5 hours or less)  [ ] Yes  [ ] No
Sunday 9:30am to 5:00pm  [ ] Yes  [ ] No

Are you a U.S. citizen or authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.)  [ ] Yes  [ ] No

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

If yes, please describe conditions. ______________________________________________________________________

Education:

School Name and Location: Year Major Degree

High School ____________________________________________________________

College ____________________________________________________________

College ____________________________________________________________

Post-College ____________________________________________________________
Other Training: In addition to your work history, are there other skills, qualifications, or experience that we should consider?

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Employment History (Start with most recent employer)

**Company Name**

Address __________________________ Telephone ______________________

Date Started ____________ Date Ended _____________ Position ___________________________

Name of Supervisor __________________________ Phone ______________________

Email __________________________ May we contact? [ ] Yes [ ] No

Responsibilities __________________________

__________________________________________________________________________________________________

Reason for leaving __________________________

**Company Name**

Address __________________________ Telephone ______________________

Date Started ____________ Date Ended _____________ Position ___________________________

Name of Supervisor __________________________ Phone ______________________

Email __________________________ May we contact? [ ] Yes [ ] No

Responsibilities __________________________

__________________________________________________________________________________________________

Reason for leaving __________________________

References:

**Name** __________________________ Phone ______________________

Email __________________________ Years Known ______________________

**Name** __________________________ Phone ______________________

Email __________________________ Years Known ______________________

**Name** __________________________ Phone ______________________

Email __________________________ Years Known ______________________

**Name** __________________________ Phone ______________________

Email __________________________ Years Known ______________________
Why do you want to work at the Monmouth Museum?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(Please feel free to attach additional information, cover letter and/or your resume)

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal.

Signature_______________________________________________________________ Date _________________