

Corpus Christi Museum of Science & History

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

Job Title:	Visitor Experience Associate	
Status:	Part-time	
FLSA Code:	Non-Exempt	
Report to:	Visitor Experience & Gift Shop Director	
Supervisory Responsil	bilities: 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 emplo	yee- \$13.00 to \$15.00 per hour	
Positions Open Until Filled		

Position Summary:

This position is responsible for ensuring that visitors have a positive, safe, clean, and fun experience at the Museum. The Visitor Experience team provides a proactive welcome, excellent customer service and engages with audiences of all ages and backgrounds. Visitor Experience Assistants work in a range of positions in the museum: at the front ticket counter, in the museum store, in the galleries managing entrances, monitoring and engaging with exhibition visitors; selling tickets and membership; helping to host museum events and facilitating engagement activity in the galleries or learning spaces. We are a diverse team, and experience in a museum environment is not essential. The most important qualities to demonstrate are confidence and experience in a public-facing role and a passion for providing the best possible levels of service to all visitors. Retirees are encouraged to apply. The museum is open daily from 9:00 am to 5:30 pm and on some evenings for events. Flexibility in scheduling can be offered. A 30-minute lunch break when working Monday-Saturday. Sunday hours are 11am to 5:30pm with no lunch break. **ESSENTIAL DUTIES AND RESPONSIBILITIES**:

- Proactively welcome visitors to the museum in a friendly and open way, always
- Performs admissions desk, gift shop, and concessions duties
- Interact with Museum visitors in a friendly, positive, and helpful manner
- Registers visitors and provides them with information about the museum
- Undertake ticket and membership selling duties
- Be able to use the ticketing software
- Proactively assist with the management of crowded areas
- Proactively monitor visitor flow and behavior, be able to apply security and safety procedures as necessary
- Know Museum policies, events, exhibits, and layout
- Serves as receptionist and greeter for guests arriving for meetings or individual appointments
- Ensures a tidy front desk with up-to-date materials and handouts
- Enters admissions and visitor data into the database
- Handles cash and credit card transactions accurately
- Communicates regarding incidents at the museum as well as visitor feedback
- Responsible for collating daily data and providing reports requested
- Hold current food handler's permit or be able to obtain within 20 working days



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Professional Experience and Education

- 1. High school diploma or equivalent, some college preferred
- 2. Experience working in an environment serving the public
- 3. Strong interpersonal skills
- 4. Ability to work independently and organize effectively
- 5. Written and verbal communication skills
- 6. Comfortable working around children and large crowds
- 7. Able to effectively manage and lead large tour groups, volunteer groups, and events
- 8. Bilingual (English/Spanish) a plus
- 9. Experience working with the public
- 10. Cash handling experience
- 11. Computer proficiency, with admissions database experience
- 12. Willingness to do whatever is necessary to get the task accomplished

Other

- 1. Able to lift at least 25 lbs
- 2. Comfortable walking/standing for extended periods of time
- 3. Climbing stairs
- 4. Flexible work schedule
- 5. Open Availability
- 6. Reliable and follows work schedule
- 7. Other duties as assigned.

Compensation

- 1. Compensation based on education and experience
- 2. Hourly Salary Range: \$13.00-\$15.00
- 3. Staff free parking
- 4. Discounted admission and purchases

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 29-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.



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)	□No
Have you ever been convicted of a felony? (This will not necessarily affect your application)	□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 you	1630 A r 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 <i>(Documen</i>	ntation 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 **<u>proficient</u>** in and describe your experience and skills in each.

1630 A

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

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

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

Employer:	Date From	Date To
Address:	· · · · ·	
Position/Title:		
Responsibilities:		
Reason for Leaving:		

Employer:	Date Fron	Date To	
Address:			
Position/Title:			
Responsibilities:			
Reason for Leaving:			

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: Address: Years Known: Name: Phone: Years Known: 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 gualifications 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 <u>CCMSH</u>, 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:	
Date://	
Email:;	I do not have or want email
List mailing address:	(Initial)
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: \Box

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