



**Greater Des Moines Public Art Foundation  
APPLICATION**

The Greater Des Moines Public Art Foundation asks that you complete the following application related to your interest in our Executive Director position. This information will help us ensure that we have comparable and complete information from all of our applicants.

Please submit a resume as part of your materials. Please include all relevant work history, higher education history, and educational and/or professional accomplishments. Please also list other experience, job-related skills, additional languages, and/or qualifications that you believe should be considered in evaluating your qualifications for employment.

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical or mental disability, medical condition, military or veteran status, genetic information, marital status, ethnicity, citizenship or immigration status or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to deliver consistently outstanding service to those we serve and contribute to the success of the organization. Equal access to programs, services, and employment is available to all qualified persons.

**EMPLOYMENT**

Position(s) applied for		Date of application	
Print name (Last, First, & Middle)			
Street address		City	State
Main phone number	Alternate phone number	Email	

Please tell us where did you saw the information on this job posting? (i.e. LinkedIn, Americans for the Arts, etc.)

Have you ever been involuntarily terminated or asked to resign from any job?  Yes  No

If yes, explain:

Explain any gaps in your employment history:

**BUSINESS AND PROFESSIONAL REFERENCES**

List three professional references of individuals who are not related to you:

Name and Title	Relationship	Phone Number or Email

**PERSONAL REFERENCES**

List three people who know you well:

Name and Title	Relationship and years acquainted	Phone Number or Email

**GENERAL INFORMATION**

- 1. Have you ever used another name?  Yes  No
- 2. Is any additional information relative to name changes, use of an assumed name, or nickname necessary to enable a check on your work and educational record?  Yes  No

If yes to either of the above, provide the additional information:

- 3. On what date are you available to begin work? \_\_\_\_\_
- 4. Can you travel if the position requires it?  Yes  No

**Please respond to the following, using no more than 175 words for each.**

- 1. Describe a major art project you've helped produce and your role in its realization. Describe the outcomes that the project achieved of which you were particularly proud.

- 2. Briefly describe your experience working with boards of directors, volunteer boards, and/or other boards. What was your role or title in working with them?

Describe a grant process and/or a funding relationship that you cultivated, and of which you are particularly proud.

**ACCOMMODATIONS**

Please describe any potential accommodations you might require to do this job.

**CERTIFICATION**

I certify that the information provided is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Greater Des Moines Public Art Foundation to contact people listed as references in this application, as well as former employers and educational organizations, regarding my employment history, education, and other matters related to my suitability for employment. I authorize former employers and educational organizations and the people listed as references to communicate fully and freely regarding my employment history, education, and other matters related to my suitability for employment. In addition, I hereby release the Greater Des Moines Public Art Foundation, my former employers, 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.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

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APPLICANT SIGNATURE

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DATE

**By typing your name in this box you are certifying that you are signing this application.**