



SEQUOIA PARK ZOO FOUNDATION  
**EMPLOYMENT APPLICATION**

AN EQUAL OPPORTUNITY EMPLOYER

<b>CONTACT INFORMATION:</b>	
NAME:	DATE:
ADDRESS:	SOCIAL SECURITY NUMBER:
CITY:	HOME PHONE:
STATE, ZIP:	CELL PHONE:
EMAIL:	

<b>EMPLOYMENT DESIRED:</b>	
POSITION APPLIED FOR: <input type="checkbox"/> Café Staff <input type="checkbox"/> Gift Shop Staff	
WORK SCHEDULE: Are you available for <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY	
WHAT DAYS AND HOURS ARE YOU AVAILABLE TO WORK:	
WOULD YOU BE AVAILABLE TO WORK OVER-TIME IF NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF HIRED, WHEN COULD YOU START:	SALARY DESIRED:

<b>PERSONAL INFORMATION</b>	
HAVE YOU EVER APPLIED TO OR WORKED FOR THE SEQUOIA PARK ZOO FOUNDATION BEFORE? IF YES, WHEN?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING FOR THE SEQUOIA PARK ZOO FOUNDATION? IF YES, STATE NAMES AND RELATIONSHIP:	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF HIRED, WOULD YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU AT LEAST 18 YEARS OLD?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF NO, DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED:	

<p>HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?  IF YES, STATE THE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED AND DISPOSITION OF THE CASE:</p>          <p>(NOTE: NO APPLICANT WILL BE DENIED EMPLOYMENT SOLELY ON THE GROUNDS OF CONVICTION OF A CRIMINAL OFFENSE. THE NATURE OF THE OFFENSE, THE DATE OF THE OFFENSE, THE SURROUNDING CIRCUMSTANCES AND RELEVANCE OF THE OFFENSE TO THE POSITION(S) APPLIED FOR MAY, HOWEVER, BE CONSIDERED.)</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>ARE YOU CURRENTLY EMPLOYED?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>IF SO, MAY WE CONTACT YOUR CURRENT EMPLOYER?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>EDUCATION, TRAINING AND EXPERIENCE</b>				
SCHOOL	NAME/LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	DEGREE/DIPLOMA
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE/ UNIVERSITY			<input type="checkbox"/> YES <input type="checkbox"/> NO	
VOCATIONAL/ BUSINESS			<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER				
OTHER RELEVANT EXPERIENCE:				

<b>REFERENCES</b>
<p>LIST BELOW THREE PERSONS NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST THREE YEARS.</p>
<p>NAME: _____ ADDRESS: _____</p> <p>OCCUPATION: _____ TELEPHONE: _____ YEARS ACQUAINTED: _____</p>
<p>NAME: _____ ADDRESS: _____</p> <p>OCCUPATION: _____ TELEPHONE: _____ YEARS ACQUAINTED: _____</p>
<p>NAME: _____ ADDRESS: _____</p> <p>OCCUPATION: _____ TELEPHONE: _____ YEARS ACQUAINTED: _____</p>

## EMPLOYMENT HISTORY

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT STARTING WITH YOUR MOST RECENT EMPLOYER (LAST 10 YEARS IS SUFFICIENT). ATTACH ADDITIONAL SHEETS IF NECESSARY. ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT. YOU MUST COMPLETE THIS SECTION EVEN IF ATTACHING A RESUME.

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP ( ) AREA TELEPHONE

TYPE OF BUSINESS: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

YOUR POSITION AND DUTIES: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_ WEEKLY PAY: STARTING \_\_\_\_\_ ENDING \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP ( ) AREA TELEPHONE

TYPE OF BUSINESS: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

YOUR POSITION AND DUTIES: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_ WEEKLY PAY: STARTING \_\_\_\_\_ ENDING \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP ( ) AREA TELEPHONE

TYPE OF BUSINESS: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

YOUR POSITION AND DUTIES: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_ WEEKLY PAY: STARTING \_\_\_\_\_ ENDING \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP ( ) AREA TELEPHONE

TYPE OF BUSINESS: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

YOUR POSITION AND DUTIES: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_ WEEKLY PAY: STARTING \_\_\_\_\_ ENDING \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW**

\_\_\_\_\_ 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 of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize the Sequoia Park Zoo 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 Sequoia Park Zoo Foundation any and all letters, reports and other information related to my work records, without giving me notice of such disclosure. In addition, I hereby release the Sequoia Park Zoo 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 hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by the Sequoia Park Zoo Foundation, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the Sequoia Park Zoo Foundation, whether during or after that employment, will be submitted to binding arbitration. I agree that arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between parties with regard to dispute resolution and there are no other agreements as to dispute resolution, either oral or written.

\_\_\_\_\_ I understand that nothing contained in this application, or conveyed during my interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Sequoia Park Zoo 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 of either myself or the Sequoia Park Zoo Foundation, and no promises or representations contrary to the foregoing are binding on the Sequoia Park Zoo Foundation unless made in writing and signed by me and the Sequoia Park Zoo Foundation's designated representative.

\_\_\_\_\_ I understand that the Sequoia Park Zoo Foundation maintains a Drug-Free Workplace and may require pre-employment drug testing. I understand that negative test results are a condition of employment. I understand that full compliance with the Society's Drug-Free Workplace Policy and its drug testing components is a condition of my employment.

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

**APPLICANT'S SIGNATURE:** \_\_\_\_\_



**SEQUOIA PARK ZOO FOUNDATION**

PO BOX 123  
CUTTEN, CA 95534  
(707) 442-6552  
WWW.SEQUOIAPARKZOO.NET

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Within the past five (5) years have you been convicted of a felony, or within the past two (2) years, of any misdemeanor or are you presently formally charged with committing a criminal offense?

Yes    No

In the past three (3) years, have you knowingly used any narcotics, amphetamines, or barbiturates other than prescribed to you by a physician?

Yes    No

I authorize the Sequoia Park Zoo Foundation to complete background follow up with the Drug Enforcement Administration, local courts, and law enforcement agencies using the following information:

**PRINT ONLY**

Full Name: \_\_\_\_\_

Former Names: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

City

State

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date