

SEDGWICK COUNTY ZOOLOGICAL SOCIETY, INC.

Application for Employment

Form Date: 11/01/2017

TODAY'S DATE	POSITION DESIRED
DATE AVAILABLE	REFERRED BY

PERSONAL DATA			
NAME	LAST	FIRST	MIDDLE
PRESENT ADDRESS	(STREET, CITY, STATE, ZIP CODE)		PHONE
PERMANENT ADDRESS	(IF DIFFERENT FROM ABOVE)		ADDITIONAL PHONE
	ARE YOU 16 OR OLDER?	ARE YOU 18 OR OLDER?	
	YES NO	YES NO	
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE SEDGWICK COUNTY ZOO?			YES NO
ARE YOU CURRENTLY EMPLOYED BY SEDGWICK COUNTY?			YES NO
NAME OF DEPARTMENT AND SUPERVISOR			

PLACEMENT INFORMATION								
HOURS AVAILABLE TO WORK		SUN	MON	TUE	WED	THUR	FRI	SAT
	AM							
	PM							
QUALIFICATIONS								
MOST RECENT SCHOOL ATTENDED					HIGHEST GRADE COMPLETED			
LIST ANY SPECIAL SKILLS WHICH MAY QUALIFY YOU FOR THE POSITION (EX: CUSTOMER SERVICE, OFFICE SKILLS, LANGUAGE SKILLS, ETC.)								
HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL CONVICTIONS?					YES	NO		
DO YOU HAVE ANY CONVICTIONS ON YOUR RECORD?					YES	NO		
DO YOU HAVE ANY PLEAS OF NO CONTEST OR DIVERSIONS ON YOUR RECORD?					YES	NO		
<small>(ANSWERING YES WILL NOT AUTOMATICALLY DISQUALIFY THE APPLICANT FROM EMPLOYMENT BUT MAY REQUIRE ADDITIONAL BACKGROUND SCREENING)</small>								

EMPLOYMENT RECORD		
EMPLOYER NAME	TYPE OF BUSINESS	JOB TITLE
ADDRESS	PHONE	JOB DUTIES
SUPERVISOR'S NAME AND JOB TITLE		
DATES WORKED	TO WAGE	
REASON FOR LEAVING		
EMPLOYER NAME	TYPE OF BUSINESS	JOB TITLE
ADDRESS	PHONE	JOB DUTIES
SUPERVISOR'S NAME AND JOB TITLE		
DATES WORKED	TO WAGE	
REASON FOR LEAVING		
MAY WE CONTACT YOUR CURRENT EMPLOYER?		YES NO
IF ADDITIONAL EMPLOYMENT RECORD, PLEASE ATTACH ON A SEPARATE SHEET		

CONTACT INFORMATION	
PERSONAL REFERENCES	
LIST TWO PERSONS, NOT RELATIVES OR FORMER EMPLOYERS, WHO HAVE KNOWN YOU FOR AT LEAST TWO YEARS	
NAME	NAME
PHONE	PHONE
EMERGENCY CONTACT	
PERSON (S) TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY	
NAME	NAME
PHONE	PHONE
RELATIONSHIP	RELATIONSHIP

I UNDERSTAND THAT I AM APPLYING FOR "AT WILL" EMPLOYMENT AND THAT, IF I AM HIRED, I OR SEDGWICK COUNTY ZOOLOGICAL SOCIETY, INC. HAVE THE RIGHT TO END MY EMPLOYMENT RELATIONSHIP AT ANY TIME, WITHOUT CAUSE OR REASON.

I AUTHORIZE SEDGWICK COUNTY ZOOLOGICAL SOCIETY, INC. TO CONTACT THE REFERENCES LISTED ABOVE AND ANY OTHER REFERENCES I PROVIDE.

I UNDERSTAND THAT I AM SUBJECT TO A CRIMINAL HISTORY BACKGROUND CHECK PRIOR TO EMPLOYMENT OFFER AT THE SEDGWICK COUNTY ZOOLOGICAL SOCIETY, INC.

THE FOREGOING STATEMENTS AND ATTACHED MATERIALS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT APPLICANTS WHO PROVIDE FALSE INFORMATION WILL BE DISQUALIFIED.

SEDGWICK COUNTY ZOOLOGICAL SOCIETY, INC. DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, MARITAL STATUS, NATIONAL ORIGIN, SEXUAL ORIENTATION, SEX, AGE, DISABILITY OR VETERAN STATUS.

SIGNATURE _____

DATE _____