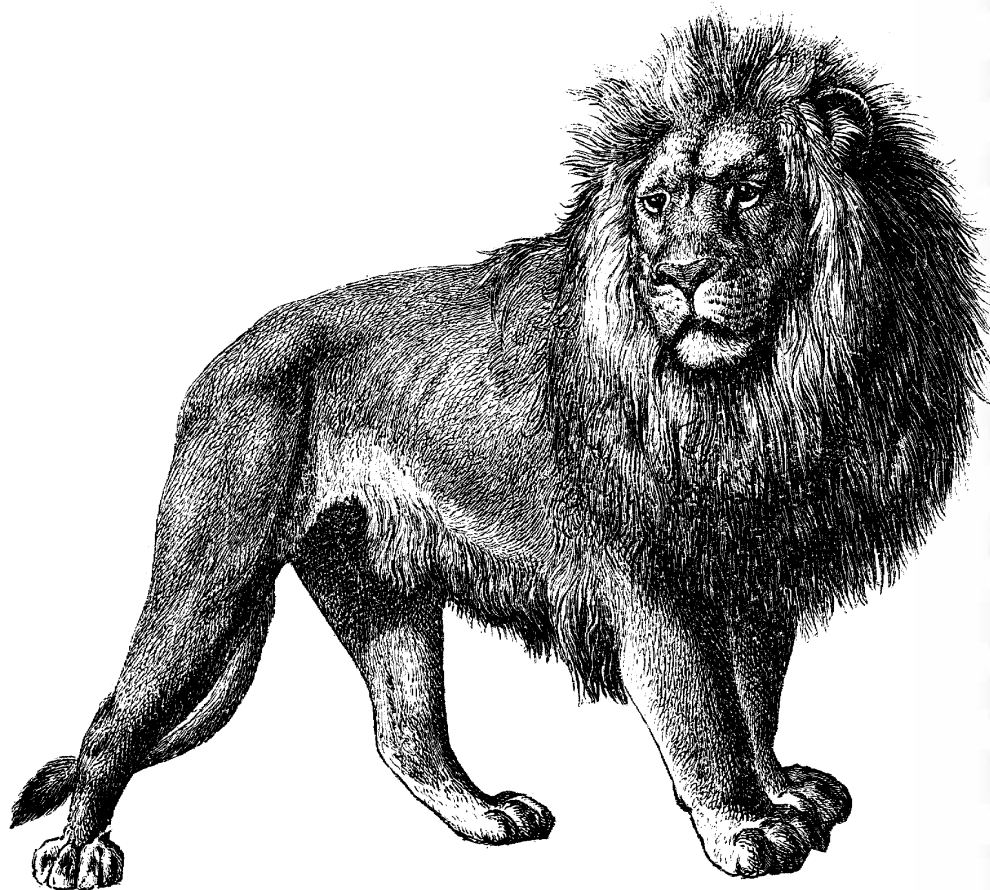


employment **APPLICATION**



PLEASE PRINT (Last Name)

(First Name)

(Date)



buffalozoo

Zoological Society of Buffalo, Inc.
300 Parkside Avenue • Buffalo • NY 14214 - 1999 • (716) 837- 3900 • Fax: (716) 833-3743
www.buffalozoo.org

AN EQUAL OPPORTUNITY EMPLOYER

personal **IDENTIFICATION**

Name: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____ How Long? _____

Phone No. _____ Emergency Phone No. _____

Are you a US Citizen? Yes ☐ No ☐

If not, do you have the legal right to remain permanently in the US? Yes ☐ No ☐

If under 18, do you have working papers? Yes ☐ No ☐

Certificate No. _____ Date of issuance: _____

AVAILABILITY

POSITION DESIRED

1: _____

2: _____

Full Time ☐ Part Time ☐ No. of Hrs. Desired: _____

Date you can start: _____

Do you have reliable transportation? Yes ☐ No ☐

Are you employed by more than one company? Yes ☐ No ☐

If yes, explain: _____

Have you ever worked for the Buffalo Zoo before? Yes ☐ No ☐

If yes, when? _____

Location? _____

Position Held? _____

Supervisor? _____

Reason for Leaving? _____

HOURS YOU CAN WORK

	FROM	TO
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

Are you available for temporary employment?

A. Lasting 1 to 6 months? Yes ☐ No ☐

B. Lasting 6 to 12 months? Yes ☐ No ☐

(Acceptance or refusal of temporary employment will not affect your consideration for other positions)

education/ **SKILLS**



Name of High School		City & State	
Major Course of Study	Highest Grade Completed	Did You Graduate?	Grade Point Average

Name of College or University		City & State	
Major Course of Study	Highest Grade Completed	Did You Graduate?	Grade Point Average

Name of Graduate School		City & State	
Major Course of Study	Highest Grade Completed	Did You Graduate?	Grade Point Average

Name of US Military School		City & State	
Major Course of Study	Highest Grade Completed	Did You Graduate?	Grade Point Average

Other Education/Training		City & State	
Major Course of Study	Highest Grade Completed	Did You Graduate?	Grade Point Average

List dates and branches of all active US service (enter N/A if not applicable)

From: _____ To: _____ Branch of Service: _____

List extracurricular activities or honors in high school

List extracurricular activities or honors in college

What machines can you operate? _____

List additional skills, technical or professional knowledge that you feel would enhance this application for employment

List any licenses, certificates or professional achievements that would support this application for employment

Personal References: *(Do not list relatives or previous employers)*

Name	Email Address	Occupation	Phone No.

I authorize investigation of all statements in this application. I understand that this application is not intended to be a contract of employment nor does it guarantee employment.

In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I further understand that I am required to abide by all Rules & Regulations of the organization.

Signature: _____ Date: _____

employment HISTORY

Beginning with the most recent, please list all present and previous employment, including part-time and summer employment. If you are attaching a resume, please complete only the shaded portion.

Length of Employment From To	Company Name	
Earnings \$	Address	City/State/Zip
Type of Business	Describe Duties Below	
Your Exact Title		
Name of Supervisor		
Number of Hours Per Week		
Reason for Leaving		
Length of Employment From To	Company Name	
Earnings \$	Address	City/State/Zip
Type of Business	Describe Duties Below	
Your Exact Title		
Name of Supervisor		
Number of Hours Per Week		
Reason for Leaving		
Length of Employment From To	Company Name	
Earnings \$	Address	City/State/Zip
Type of Business	Describe Duties Below	
Your Exact Title		
Name of Supervisor		
Number of Hours Per Week		
Reason for Leaving		
Length of Employment From To	Company Name	
Earnings \$	Address	City/State/Zip
Type of Business	Describe Duties Below	
Your Exact Title		
Name of Supervisor		
Number of Hours Per Week		
Reason for Leaving		

May we contact your present employer? Yes ☐ No ☐

May we contact your previous employers? Yes ☐ No ☐