

APPLICATION FOR EMPLOYMENT

This application for employment shall be considered active for a period of time not to exceed 45 days from the date of this application.

We consider applicants for all positions without regard to race, color, religion, age, sex, gender identity or expression, sexual orientation, national origin, disability, political belief or activity, creed, marital or familial status, military or veteran status, genetic predisposition, victims of domestic violence status, association, or any other status protected by law.

| Last Name | | First Name | | | | Middle Initial | |
|---|-------------------------|-----------------|-------------|----------|----------|----------------|------------------|
| Address House # / 3 Code | Street | City | | | S | tate | Zip |
| Telephone Number (s) cell phone | e and home phone: | | | Er | nail Ado | lress: | |
| Position(s) Applied For | | | | | Da | te of Applic | cation |
| How Did You Learn About Us? | □ Walk-In □ Er | nployment Ager | ncy 🗆 R | Relative | | ner | |
| If you are under 18 years of age, or proof of your eligibility to work? | can you provide require | ed | □ Yes | □ No | | | |
| Have you ever filed an application | with the Buffalo Zoo b | pefore? | □ Yes | □ No | lf Yes, | give date _ | |
| Have you ever been employed wit | h us before? | | □ Yes | 🗆 No | lf Yes, | give date _ | |
| Are you related to any employee c | of the Buffalo Zoo? | | □ Yes | 🗆 No | lf Yes, | who | |
| Are you currently employed? | | | □ Yes | 🗆 No | | | |
| On what date would you be availa | ble for work? | | | | | | |
| Are you available to work: | | □ Full | Time | □ Part- | Time | 🗆 Tempo | orary / Seasonal |
| If Part-Time, Temporary/Seasonal | , indicate days and ho | urs you are ava | ilable to v | work | | | |
| Are you currently on lay-off status | and subject to recall? | | □ Yes | □ No | | | |
| Please indicate your desired wage | es | | | | | | |

EMPLOYMENT EXPERIENCE Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may

| exclude organizations t | nat indicate race, color, re | eligion, sex, gender, natio | onal origin, disability or other protected status. |
|-------------------------|---|-----------------------------|--|
| Employer #1 | | Work Performed | |
| Address | | | |
| Telephone Number(s) | | Dates Employed From To | |
| Job Title | Supervisor | | |
| Reason For Leaving | | | |
| Employer #2 | | | Work Performed |
| Address | | | |
| Telephone Number(s) | hone Number(s) <u>Dates Employed</u> From To | | |
| Job Title | Supervisor | | |
| Reason For Leaving | | | |
| Employer #3 | | | Work Performed |
| Address | | | |
| Telephone Number(s) | | Dates Employed From To | |
| Job Title | Supervisor | | |
| Reason For Leaving | | | |
| Employer #4 | | | Work Performed |
| Address | | | |
| Telephone Number(s) | | Dates Employed | |
| Job Title | Supervisor | From To | |
| Reason For Leaving | | | |

If you need additional space, please continue on the reverse side.

Please indicate by number _____ any of the above employers whom you **DO NOT** wish us to contact.

EDUCATION

| | Name And Address of School | Course of Study | Years Completed | Diploma/ Degree |
|--------------------------|----------------------------|-----------------|--------------------|--------------------|
| High School | | | | |
| Undergraduate College | | | | |
| Graduate Professional | | | | |
| Other (Specify) | | | | |

Describe any specialized training, apprenticeship, skills, licenses or certifications.

List professional, trade, business or civic activities and offices held. Do not include memberships which would reveal race, color, religion, sex, gender, national origin, disability or any other protected status.

Job References:

Please list three **professional, business, or educational references** that we can contact to verify your work experience, and work ethics.

| Name of Reference | How do you know this person | Phone number |
|-------------------|-----------------------------|--------------|
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Applicant's Statement

IT IS VERY IMPORTANT THAT YOU READ THIS SECTION CAREFULLY, AND THAT YOU FULLY UNDERSTAND IT BEFORE YOU SIGN IT. THIS SECTION AFFECTS YOUR LEGAL RIGHTS. IF YOU HAVE ANY QUESTIONS, PLEASE ASK BEFORE YOU SIGN THIS APPLICATION.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. If I wish to be considered for employment beyond this time period, I should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Buffalo Zoo is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "*at will*" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Buffalo Zoo President or his/her designee.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

Proof of eligibility to work in the US will be required upon employment.

Signature of Applicant _____

Consent and Authorization to Release Employment/Educational Information

I, ______, understand and agree that the Buffalo Zoo, any agent acting on their behalf, as well as any other person responding to a reference request pursuant to this application, can and will seek and/or disclose any and all information about me which said corporation, agent, or person may have. I specifically authorize said disclosure and agree to hold all such corporations, agents, or persons harmless for same. That is, I will not file a lawsuit, claim, or charge against them for such disclosure. Nor will I threaten same or otherwise seek any kind of compensation for such disclosure.

Signature of Applicant _____

The Buffalo Zoo provides equal employment opportunity to all applicants and employees without regard to race, color, religion, age, sex, gender identity or expression, sexual orientation, national origin, disability, political belief or activity, creed, marital or familial status, military or veteran status, genetic predisposition, victims of domestic violence status, association, or any other status protected by law.

The policy applies to all areas of employment, including recruitment, hiring, training and development, promotion, transfer, termination, layoff, compensation benefits, social and recreational programs, and all other conditions and privileges of employment in accordance with applicable federal, state, and local laws.

Date_____

Date