

625 N. Hedville Rd. Salina, KS. 67401 (785) 827-9488

DATE:

APPLICATION FOR EMPLOYMENT

PERSONAL I. NAME:	NFORMATION				
Last		First			Middle Initial
AGE:(i	f less than 18 yrs. of age)	SOCIAL SECURITY NO:		DATE AVA	AILABLE:
ADDRESS:Stree	et Address	City	S	tate	Zip Code
		CELL PHONE:	E-M	AIL:	
POSITION AP	PLYING FOR: (If you are	interested in more than one area, plea	ase rate with 1 bein	g your first choic	ε)
	GIFT SHOP	TRAM DRIVER RE	ESTAURANT	LANDS	CAPE
	CONFERENCE CENTER _	PROGRAM LEADER (EI	DUCATION)	INTERN	(UNPAID)
Have you ever states or any ag If yes, please ex	been found guilty of, or gency of the US Governi xplain:	nent or those of a foreign nation	on for violating v	vildlife regulati 	ions enacted by any of the variou
following invest Motor V Crimina Employi Credit C I release all partias a result of the of my knowledg dismissal at any the date of paymemployment and	igations: Vehicle Check DL# I Background Check ment History Check Check ies from liability for any da se investigations may preve e and understand if employ time during employment. hent of my wages and salary I that no employment cont	mage that may result from furnishing the may being hired. I certify that the ded, falsified statements or an omisse I understand and agree that, if hireway, be terminated at any time withou	ng such informati ne facts contained sion of pertinent i d, my employmen nt prior notice. I f	on. I acknowled in this applicati nformation of th t is for no definit urther understan	te time period and may, regardless of nd that this is an application for
EDUCATION	NAME AND LO	OCATION OF SCHOOL	YEARS ATTENDED	GRADUATE (YES/NO)	SUBJECTS STUDIED
High School					
College					
Vocational					
Other					
List any other	special skills or training	(language, machine operation e	etc):		

PREVIOUS EMPLOYMENT (List most recent first)

FROM:	NAME/ADDRESS OF EMPLOYER	SUPERVISOR	SALARY	REASON FOR
	NAME:	NAME:	BEG:	LEAVING
ГО:	ADDRESS:	PHONE:	END:	
Your position	and responsibilities:			
DATE	NAME/ADDRESS OF EMPLOYER	SUPERVISOR	SALARY	REASON FOR
FROM:	NAME:	NAME:	BEG:	LEAVING
TO:	ADDRESS:	PHONE:	END:	
Your position	and responsibilities:			
DATE	NAME/ADDRESS OF EMPLOYER	SUPERVISOR	SALARY	REASON FOR LEAVING
FROM:	NAME:	NAME:	BEG:	LLIVING
TO:	ADDRESS:	PHONE:	END:	
required to un- for cause. Tes who test positi or attempt to c local, state an	that Rolling Hills Zoo has adopted a drug and alcohol abust dergo testing for the use of illegal drugs or alcohol. Emplosting may be conducted for persons in or being considered ive for alcohol or illegal drugs or refuse to undergo an alcohol so, will be given no further consideration for employment defederal laws." SIGNATURE SIGNATURE	byees of Rolling Hills Zoo may be required d for supervisory, animal keeper or cash-l whol and/or drug test, or who switch, dilute	d to undergo such testin handling positions. App e or in any manner tamp as appropriate, and as	ng on a random basis or plicants or employees per with their specimen
REFERENC	ES			
	Address	Phone #	Relationshij	o to you
Name		Phone #		
Name Name	Address		Relationshij	o to you
Name Name Name	Address	Phone # Phone #	Relationship Relationship	o to you
,	Address Address	Phone #	Relationship Relationship Relationship	o to you