



**Personal Information**

Have you ever applied to or worked for Santa Barbara Zoo before? .....  Yes  No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for Santa Barbara Zoo ?

Yes  No

If yes, state name(s) and relationship:

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

Why are you applying for work at Santa Barbara Zoo ?

\_\_\_\_\_  
\_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? ..  Yes  No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) .....  Yes  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? .....  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? .....  Yes  No

If no, describe the functions that cannot be performed.

\_\_\_\_\_  
\_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) .  Yes  No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

\_\_\_\_\_  
\_\_\_\_\_

(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 the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed? .....  Yes  No

If so, may we contact your current employer? .....  Yes  No

**Education, Training, and Experience**

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
<b>High School</b>	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>College/ University</b>	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>Vocational/ Business</b>	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>Health Care Training</b>	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

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Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages? .....  Yes  No

If yes, which language(s)? \_\_\_\_\_

Do you have any other experience, training, qualifications, or skills which you feel make you especially suited for work at Santa Barbara Zoo? .....  Yes  No

If so, please explain:

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Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for? .....  Yes  No

Name of license/certification: \_\_\_\_\_

Issuing state: \_\_\_\_\_

License/certification number \_\_\_\_\_

Has your license/certification ever been revoked or suspended? .....  Yes  No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement.

\_\_\_\_\_  
\_\_\_\_\_

**Employment History**

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

\_\_\_\_\_  
Name of Employer (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Telephone No.

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Address & Street City State Zip

Dates of Employment: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving  
May we contact this employer for a reference? .....  Yes  No

\_\_\_\_\_  
Name of Employer (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Telephone No.

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Address & Street City State Zip

Dates of Employment: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving  
May we contact this employer for a reference? .....  Yes  No

**Employment History, continued**

\_\_\_\_\_  
Name of Employer Telephone No. (\_\_\_\_) \_\_\_\_ - \_\_\_\_

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Address & Street City State Zip -

Dates of Employment: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your Position and Duties

Reason for Leaving  
May we contact this employer for a reference? .....  Yes  No

\_\_\_\_\_  
Name of Employer Telephone No. (\_\_\_\_) \_\_\_\_ - \_\_\_\_

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Address & Street City State Zip -

Dates of Employment: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your Position and Duties

Reason for Leaving  
May we contact this employer for a reference? .....  Yes  No

\_\_\_\_\_  
Name of Employer Telephone No. (\_\_\_\_) \_\_\_\_ - \_\_\_\_

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Address & Street City State Zip -

Dates of Employment: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your Position and Duties

Reason for Leaving  
May we contact this employer for a reference? .....  Yes  No

Note: Attach additional page(s) if necessary.

**Military Service**

Have you obtained any special skills or abilities as the result of service in the military? ....  Yes  No  
If so, describe:

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**References**

List below three persons not related to you who have knowledge of your work performance within the last three years.

_____	_____	(____) ____ - ____
First Name	Last Name	Telephone No.
_____		_____
Address & Street	City	State Zip
_____	_____	
Occupation	No. of Years Acquainted	

_____	_____	(____) ____ - ____
First Name	Last Name	Telephone No.
_____		_____
Address & Street	City	State Zip
_____	_____	
Occupation	No. of Years Acquainted	

_____	_____	(____) ____ - ____
First Name	Last Name	Telephone No.
_____		_____
Address & Street	City	State Zip
_____	_____	
Occupation	No. of Years Acquainted	

**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  
Initials 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 Santa Barbara Zoo to thoroughly investigate my references, work record,  
Initials education  
and other matters related to my suitability for employment and, further, authorize the references I have  
listed to disclose to the company any and all letters, reports and other information related to my work  
records, without giving me prior notice of such disclosure. In addition, I hereby release the company,  
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.

\_\_\_\_\_ At-Will nature of the employment relationship: I understand that nothing contained in the application,  
Initials or conveyed during any interview which may be granted or during my employment, if hired, is  
intended to create an employment contract between me and the company. 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 company, and  
that no promises or representations contrary to the foregoing are binding on the company unless made  
in writing and signed by me and the Company's designated representative

\_\_\_\_\_ Should a search of public records (including records documenting an arrest, indictment, conviction,  
Initials civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed  
by the Company, I am entitled to copies of any such public records obtained by the Company unless I  
mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of  
any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

**Disclosure Statement**

Applications will only be considered with a completed Disclosure Statement. Working on Zoo premises, every staff member is exposed to children. 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 the relevance of the offense to the position(s) applied for may, however, be considered.

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last First Middle

Social Security # xxx-xx- Other names by which known (e.g., maiden name) \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

1. Previous residence(s) for last 5 years (include college and home residences):

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

(Continue on separate sheet if necessary.)

2. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them? Yes No

If yes, please explain: (Use a separate sheet if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below? Yes No

- Indecent assault and battery on a child under fourteen
- Indecent assault and battery on a mentally retarded person
- Indecent assault and battery on a person who has obtained the age of fourteen
- Rape
- Rape of a child under sixteen with force
- Assault with intent to commit rape
- Kidnapping of a child under sixteen with intent to commit rape
- Distribution and trafficking of narcotics or other controlled substances
- Intent to commit any of the above crimes

If yes, please explain: (Use separate sheet if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? Yes No

If yes, please explain: (Use a separate sheet if necessary.)

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5. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection? Yes No

If yes, please explain: (Use a separate sheet if necessary.)

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6. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children? Yes No

If yes, please explain: (Use a separate sheet if necessary.)

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I understand that:

- a. The above information will be considered throughout the hiring process and applicants may be denied employment based on this information.
- b. In applying for a position, the information that I have furnished on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers. If it is determined that this information has been falsified, employment may be terminated at any time.
- c. The Zoo may terminate employment or volunteer service of any person:
  - 1) Found to have a history of complaints of abuse of a minor and/or
  - 2) Found to have resigned, been terminated or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor.
- d. This disclosure statement must be updated yearly.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Minor's Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

