



# APPLICATION FOR EMPLOYMENT

OUT OF AFRICA WILDLIFE PARK  
4020 NORTH CHERRY ROAD  
CAMP VERDE, AZ 86322

*Equal Opportunity Employer*

PH 928-567-2842 FAX 928-567-2839

**PLEASE PRINT CLEARLY | COMPLETE ALL ITEMS**

### PERSONAL INFORMATION

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Phone #

Present Address : \_\_\_\_\_  
Street City State Zip

Previous Address: \_\_\_\_\_  
Street City State Zip

Age (check one) Under 16 16 or 17 18 or older  
(If under 18 years of age a work permit or certificate may be required as a condition of employment)

Is your citizen or status such that you can lawfully work in the U.S. ? Yes No

If yes, when ? \_\_\_\_\_  
From To Location Company

How did you learn of our organization ? Walk-in Newspaper School Referral Other \_\_\_\_\_

Do you have any relatives working for the company you are applying for ? Yes No

### EMPLOYMENT DESIRED:

Position: \_\_\_\_\_

Salary requirements: \_\_\_\_\_

Date you can start: \_\_\_\_\_

### Days & Hours available to work:

Check here if available any hours  
If restrictions, indicate available hours below.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
From							
To							

EDUCATION	Name and Location	Course of Study	Years Completed	Graduated	Degree Received
High School				Yes	
				No	
College				Yes	
				No	
Business, Trade				Yes	
Other				No	

### REFERENCES: Give below the names of three persons who are not related to you, whom you have known at least one year

Name	Phone	Address	Business	Yrs Known

**GENERAL INFORMATION**

Why would you like to work here ? \_\_\_\_\_

Have you ever been convicted of a crime? (other than a minor traffic violation) YES      NO  
 (if yes explain number of convictions, nature of offense(s) leading to each conviction, how recently such offense(s) was/were committed, sentence(s) for each conviction, and type of rehabilitation for each conviction.) \_\_\_\_\_

**A conviction record is not automatic bar to employment**

**FORMER EMPLOYERS**

List below last three employers, starting with your present or most recent employer.  
 May we contact your present employer? Yes      No

Employer No. 1 (Present to most recent)		Address		Phone Number	
Employed (Month & Year) From: _____ To: _____		Rate of Pay	Supervisor & Title		AVG Hours per WK
Your Job Title			Describe Your Duties		
Reason for Leaving					

Employer No. 2		Address		Phone number	
Employed (Month & Year) From: _____ To: _____		Rate of Pay	Supervisor & Title		AVG Hours per WK
Your Job Title			Describe Your Duties		
Reason for Leaving					

Employer No. 3		Address		Phone number	
Employed (Month & Year) From: _____ To: _____		Rate of Pay	Supervisor & Title		AVG Hours per WK
Your Job Title			Describe Your Duties		
Reason for Leaving					

**READ CAREFULLY BEFORE SIGNING**

I certify that all my answers in this employment Application are true and complete to my best knowledge, and I understand that this Application will remain active for thirty (30) days only.

I authorize the Company to investigate and verify my answers and I give the Company permission to contact schools, previous employers, references, and others in its investigation. I release both the Company and the party providing the information from any liability for this purpose. I also release the Company from any liability for providing information about my employment record to any prospective employer, government agency, or party having a legal and proper interest.

I also authorize the Company to secure financial and credit information through a consumer reporting agency, and I understand that, upon my written request made within a reasonable time, the consumer reporting agency will provide me with additional information concerning the nature and scope of any credit investigation. I also agree to participate in computerized interviewing, assessment testing, and any other similar Company requirements which are conditions of employment.

I understand that any false or misleading answer in this Employment Application or other pre-employment inquiry is grounds for rejection of my Application or immediate termination if I have been employed.

If employed, I will comply with all Company policies and rules found in any Company policy manual, employment handbook, or other communication from the Company. I understand the Company may change its policies and rules in the future without giving notice to me.

I understand that the Company may require drug and alcohol testing as a condition of employment, subject to applicable federal and state laws, and I consent to any such testing

I understand that as condition of my employment I must be current on my Tetanus vaccination, and provide proof to Out of Africa at my own expense. Furthermore, I understand if I am placed in an Animal Care Department, I am responsible for paying for a TB test, and have it read negative, in order to work at Out of Africa Wildlife Park. If proof of prior, negative TB test is available, current within the last 12 months, proof must be submitted prior to employment.

I agree not to use or disclose outside my employment with the Company any confidential, trade secret, or proprietary information, whatever its form, obtained in connection with my employment with the Company.

I understand that the Company will be TERMINABLE AT WILL, that no employment contract will be valid unless made in writing and signed by the Company owner(s), and that my employment may be ended at any time, for any reason, by me or the Company. If employed, I further understand that my first ninety (90) days are a probationary period (which can be extended in the Company's discretion) to determine whether my continued employment is appropriate.

**I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE.**

Signature \_\_\_\_\_

Date \_\_\_\_\_