

EMPLOYMENT APPLICATION

EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA, INC.
dba BREVARD ZOO
8225 N WICKHAM ROAD
MELBOURNE, FLORIDA 32940
321.254.9453 phone / 321.259.5966 fax

Brevard Zoo is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

(PLEASE PRINT IN INK)

Position(s) Applied For		Date of Application	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Email Address			
Telephone Number		Alternate Number	

Are you legally eligible to work in the United States? YES [] NO []

(Proof of eligibility will be required upon offer of employment)

Are you over the age of 18 years? *(If no, you may be required to provide authorization)* YES [] NO []

Have you ever:

Applied to Brevard Zoo? *(If yes, please give date)* _____ YES [] NO []

Worked for Brevard Zoo? *(If yes, please give date)* _____ YES [] NO []

Been a volunteer for Brevard Zoo? *(If yes, please give date)* _____ YES [] NO []

Do you have any friends working for the Brevard Zoo? YES [] NO []

If yes, please give their name: _____

Is anyone related to you employed by Brevard Zoo? YES [] NO []

If yes, please give their name and relationship to you. _____

Have you ever been found guilty, or convicted, or entered a plea of no contest, or had adjudication withheld in any criminal offense as an adult or a juvenile? YES [] NO []

(A conviction will not necessarily disqualify you.)

If yes, please explain: _____

Are there any criminal charges now pending against you? YES [] NO []

If yes, please explain: _____

Do you have a valid driver's license? *(For driving positions only)* YES [] NO []

If yes, have you been convicted of any moving violations in the past five years? YES [] NO []

(For driving positions only)

If yes, please explain: _____

Have you ever been fired or asked to resign from a job? YES [] NO []

If yes please explain: _____

Are you interested in Full Time or Part Time Employment?

What salary or rate of pay do you expect to receive if employed? \$ _____ per _____

On what date would you be available to work? _____

DAYS AND HOURS AVAILABLE:

(If employed, I will notify my supervisor in writing, should my availability change.)

Day	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
AM							
PM							

EDUCATION:

	Name and Location of School	Course of Study or Major	# of Years Completed	Diploma/Degree
High School				
College				
Graduate				
Vocational				

Please list any academic honors, scholarships, offices held, etc. *(Do not list any which reflect your race, color, religion, gender, national origin, age, disabilities or veteran status.)*

Describe any specialized training, apprenticeships, licenses or skills.

Have you received any job-related training in the United States Military? YES [] NO []

Please give dates and explanation:

EMPLOYMENT HISTORY *(Begin with current or most recent employer. Do not exclude any employment. Include any applicable temporary employment, attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation at Brevard Zoo)*

<u>Company Name:</u>	Employment Dates	Salary
Address:	From :	Starting: \$
Phone:	To:	Ending: \$

Name and Title of Supervisor:

Title and Duties of Position:

Reason for Leaving:

<u>Company Name:</u>	Employment Dates	Salary
Address:	From :	Starting: \$
Phone:	To:	Ending: \$

Name and Title of Supervisor:

Title and Duties of Position:

Reason for Leaving:

<u>Company Name:</u>	Employment Dates	Salary
Address:	From :	Starting: \$
Phone:	To:	Ending: \$

Name and Title of Supervisor:

Title and Duties of Position:

Reason for Leaving:

<u>Company Name:</u>	Employment Dates	Salary
Address:	From :	Starting: \$
Phone:	To:	Ending: \$

Name and Title of Supervisor:

Title and Duties of Position:

Reason for Leaving:

REFERENCES:

(Please list three persons, who are not related to you or previous supervisors, who can provide professional references.)

Name	Email Address	Phone Number	Relationship/ Occupation	Years Known

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

****PLEASE READ CAREFULLY BEFORE SIGNING****

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents may be a cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by East Coast Zoological Society of Florida, Inc. (hereinafter referred to as "Brevard Zoo") that such employment with Brevard Zoo is at will, for no specified duration and may be terminated by either Brevard Zoo or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Brevard Zoo or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Brevard Zoo except the Executive Director has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Executive Director of Brevard Zoo.

In consideration for employment with Brevard Zoo, if employed, I agree to conform to the rules, regulations, policies and procedures of Brevard Zoo at all times and understand that such obedience is a condition of employment. I understand that due to the nature of Brevard Zoo business, attendance and punctuality are considered essential requirements of every job at Brevard Zoo and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with Brevard Zoo, I will be required to submit to a pre-employment drug screening and background check as a condition of employment. I understand that unsatisfactory result from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Brevard Zoo and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

Name and number of person completing this form if other than applicant: _____