

# *Application for Employment*



**ESCAPE TO THE WILD**

# Statement of Core Values

Dear Applicant:

Welcome to Hidden Valley Animal Adventure. Prior to completing the application for employment, please understand that we are serious about creating a productive working environment for our staff and maintaining the highest levels of quality, service and attention for our guests.

We want you to understand that we also believe in living our values, some of which are:

- We believe in **passion for service** – the guest, internal or external, always comes first. Staff strive to provide legendary service, the unique and powerful sort of personal care and attention that our guests tell stories about.
- We believe in **integral teamwork** – through words and actions, staff cooperate and collaborate with a sense of ‘oneness’ with clear trust, focus and effective actions.
- We believe in **results** – continuously establishing and achieving measurable, challenging goals, staying true to our values and guiding principles.
- We believe in providing an **educational experience** for our guests. All staff are knowledgeable about Hidden Valley Animal Adventure’s history, the onsite animals, upcoming events and Hidden Valley’s vision.
- We believe in conducting business in a **professional** and **orderly manner** while providing every guest with the same first class experience.
- We believe in **honesty** and **integrity** – staff demonstrate consistent, truthful accuracy in actions, values, methods, measures, principles, expectations and outcomes.
- We believe in the **ongoing training** and **development** of our staff and see it as a worthy investment in the future of the company – **happy** and **professional staff** can give the level of personal service we demand.

If this feels like an environment for you, please complete the application.

# Hidden Valley Animal Adventure - Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation and/or interview process should notify a representative of the organization.

**\*\* PLEASE PRINT CLEARLY \*\***

Position(s) applied for or type of work desired: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

How were you referred to us? \_\_\_\_\_

## Applicant Information

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

If you are under 18 years of age, can you furnish a work permit? \_\_\_\_\_

Can you submit proof of legal employment authorization and identity?  Yes  No

Have you ever been convicted of a crime in the last seven years?  Yes  No If yes, please explain (A conviction will not automatically bar employment.)  
\_\_\_\_\_  
\_\_\_\_\_

## Employment Information

Are you seeking full-time, part-time or temporary employment? \_\_\_\_\_

Date you will be able to start work: \_\_\_\_\_

Are you able to meet the attendance requirements?  Yes  No

Do you have any objection to working overtime, if it is necessary?  
\_\_\_\_\_

Have you ever been previously employed by our organization?  Yes  No

Can you travel if required by this position?  Yes  No

If applicable, please refer to the attached job description for the position for which you are applying. Are you able to perform all these tasks with or without reasonable accommodation? \_\_\_\_ Please describe which tasks, if any, you will need accommodation to perform, and explain what type of accommodation you will need: \_\_\_\_  
\_\_\_\_\_

## Education (circle highest level achieved)

Elementary: 1 2 3 4 5 6 7 8 Secondary: 9 10 11 12 G.E.D

Name of School: \_\_\_\_\_ Name of School: \_\_\_\_\_

Location of School: \_\_\_\_\_ Location of School: \_\_\_\_\_

If in high school, are you enrolled in a recognized co-op program?  Yes  No

If yes, identify program and school: \_\_\_\_\_

College: 1 2 3 4 5 6 7 8

Name of School: \_\_\_\_\_

Location of School: \_\_\_\_\_

Degree(s) earned: \_\_\_\_\_

Course of study: \_\_\_\_\_

## Work History (please begin with most recent)

1. Employer \_\_\_\_\_ Phone No. with Area Code ( \_\_\_\_\_ )  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_  
Position held: \_\_\_\_\_ Immediate Supervisor & Title \_\_\_\_\_  
Job summary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_
  
2. Employer \_\_\_\_\_ Phone No. with Area Code ( \_\_\_\_\_ )  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_  
Position held: \_\_\_\_\_ Immediate Supervisor & Title \_\_\_\_\_  
Job summary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_
  
3. Employer \_\_\_\_\_ Phone No. with Area Code ( \_\_\_\_\_ )  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_  
Position held: \_\_\_\_\_ Immediate Supervisor & Title \_\_\_\_\_  
Job summary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_
  
4. Employer \_\_\_\_\_ Phone No. with Area Code ( \_\_\_\_\_ )  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_  
Position held: \_\_\_\_\_ Immediate Supervisor & Title \_\_\_\_\_  
Job summary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

## References (list 3 references' names, phone numbers, and years known; do not include relatives or employers)

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## Other Skills and Qualifications (summarize any job-related training, skills, licenses, certificates, and/or qualifications)

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# Authorizations & At-Will Employment Agreement

(please read carefully, then sign and date below)

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_