

Application for Employment



ESCAPE TO THE WILD

Mail to: **Hidden Valley Animal Adventure**

2887 Royce Road

Varysburg, NY 14167

Email to: barbara@hiddenvalleyadventure.com

(585) 535-4100

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 strives 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.

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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

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

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 former or current immediate supervisors' names, title, phone numbers with area codes.

Authorizations & At-Will Employment Agreement

(Please read carefully, then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications

made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I have read, understand, and agree to the above.

Signature _____ Date _____

Name (please print) _____