

Metro Richmond Zoo

Employment Application

		Applicar	nt Informa	tion					
Full Name:						Date:_			
Address:	Last	First	First		M.I.				
Address.	Street Address						Apartment/Unit	#	
Phone:	City		Email		State		ZIP Code		
Work Interests :				Desired Pay: \$					
Rank the	following divisions in ascending o	order with 1 being y	our most pre	ferred in	terest and 6 beir	ng the leas	st.		
Gu	est Services	Food Services	Ride O	peration	Treetop Z	oofari [Projects/Main	tenance	
Are you a cit	izen of the United States?	YES NO	If no					NO	
Have you ev	er been convicted of a felony?	YES NO							
If yes, expla	in:								
Have you ev	er been convicted of any crimin	nal offense, includ	ing sexual n	niscondu	ıct or child abus	e?	YES	NO	
If yes, expla	in:								
Are you able	e to perform the essential functi	ons of the position	n with or wi	hout acc	commodations?	☐ Yes	. □ No		
I am older than:			I am able to: Work Holidays? Yes						
I will be a	ng a permanent position: Y		I can work	the follo	owing days: (ch	eck all th] Thurs	at apply)		
	ys after being notified I ar	n hired.	☐ Sat	Holid	ays				
Date Availa	ıble:	Ed	ucation		-		-		
High School:		Addre	ess:						
From:	To <u>:</u>	Did you gradua	YES te?	NO	Diploma::				
College:		Addre	ess:						
From:	To <u>:</u>	Did you gradua	YES te?	NO	Degree:				
Other:		Addre	ess:						
From:	To <u>:</u>		YES	NO					

	References					
Please list three professional references.						
Full Name:			Relationship:			
Company:			Phone:			
Address:						
Full Name:			Relationship:			
Company:			Phone:			
Address:						
Full Name:			Relationship:			
Company:			Phone:			
Address:						
3 Mc	st Recent Jobs	5				
Company:			Phone:			
Address:			Supervisor:			
Job Title:	Starting Pay:					
Responsibilities:						
From: To:	Reason f	or Leaving:_				
May we contact your previous supervisor for a reference?	YES	NO				
Company:			Phone:			
Address:			Supervisor:			
Job Title:	Starting Pay:		Ending Pay:			
Responsibilities:						
From: To:						
May we contact your previous supervisor for a reference?	YES 🗆	NO				
Company:			Phone:			
Address:			Supervisor:			
Job Title:	Starting Pay:					
Responsibilities:						
From: To:						
May we contact your previous supervisor for a reference?		NO				
May we contact your previous supervisor for a reference?	YES	NO				

Current Schedule of Availability Number of hours you can work per week: _____ The below schedule reflects my availability from this date: _____ until this date: _____ Place the letter A in all the time slots that you are available to work. (If filling this out electronically type in your availability for each day.) Mon Tues Wed Thurs Fri Sat 8:30 AM 9:00 AM 9:30 AM 10:00 AM 10:30 AM 11:00 AM 11:30 AM 12:00 PM 12:30 PM 1:00 PM 1:30 PM 2:00 PM 2:30 PM 3:00 PM 3:30 PM 4:00 PM 4:30 PM 5:00 PM 5:30 PM 6:00 PM Military Service Type of Discharge:

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