



EMPLOYMENT APPLICATION.

It is the policy of the Center for Great Apes that all qualified applicants for employment be recruited, hired, and assigned without discrimination because of race, color, creed, pregnancy, religion, gender, gender identification/expression, sexual orientation, national origin, ethnicity, ancestry, age, disability, HIV/AIDS status, veteran status, marital or citizenship status, or any other legally protected status.

All offers of employment are contingent upon successfully passing all applicable examinations, which may include, but are not limited to: drug screen and full background check. Employment with the Center for Great Apes is “at will”. This application does not constitute an employment contract.

PERSONAL INFORMATION

| | | | |
|--|------------------|------------------|----------|
| Name: (First, Middle, Last) | | Email Address | |
| Permanent Street Address | City or Town | State | Zip Code |
| Temporary Street Address (If Applicable) | | | |
| Telephone – Home | Telephone – Cell | Telephone – Work | |

EMPLOYMENT INFORMATION

| |
|---|
| Position Desired |
| Pay Expected |
| How many hours per week would you like to work? |
| Have you ever applied to work at CGA before? If so, how long ago? |
| When would you be able to start work? |
| Are you presently employed? |
| May we contact your present employer? |
| Where and when can we best contact you by telephone? |

OTHER INFORMATION

| |
|---|
| Are you legally eligible to work in the United States? |
| Have you been convicted of a felony or misdemeanor? If yes, please explain. |
| Military service and rank. |
| Can you work on Sundays and/or Holidays? |
| Your work schedule will require you to be present for the full duration of your shift. Is there any reason you would not be able to report to work <i>on-time, every time</i> ? |

WORK SCHEDULE

Please Indicate any times when you cannot work:

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----|--------|---------|-----------|----------|--------|----------|
| AM | | | | | | |
| PM | | | | | | |

EDUCATION

| | Name and Location of School | Major | Years Completed | Degree |
|--------------------|-----------------------------|-------|-----------------|--------|
| High School | | | | |
| Trade or Technical | | | | |
| College | | | | |
| Post-Graduate | | | | |

WORK EXPERIENCE

(If you have less than four prior employers that we can contact, please list personal references not related to you.)

Most Recent Position

| | |
|---------------------------|----------------------------|
| Company Name | Telephone |
| Address | Employment Dates |
| Name of Direct Supervisor | Hourly Pay or Salary |
| Reason for Leaving | Job Title and Type of Work |

Prior Position 2

| | |
|---------------------------|----------------------------|
| Company Name | Telephone |
| Address | Employment Dates |
| Name of Direct Supervisor | Hourly Pay or Salary |
| Reason for Leaving | Job Title and Type of Work |

Prior Position 3

| | |
|---------------------------|----------------------------|
| Company Name | Telephone |
| Address | Employment Dates |
| Name of Direct Supervisor | Hourly Pay or Salary |
| Reason for Leaving | Job Title and Type of Work |

PROFESSIONAL

Please list any professional licenses, certifications, or special training.

| Type of license and issuing agency. | License number. |
|-------------------------------------|-----------------|
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| | |

Please tell us why you want to work with chimpanzees and orangutans at the Center for Great Apes. Also indicate any additional information you feel we might find useful in evaluating your application.

If an offer of employment is made, you will be asked at that time to submit your Social Security number and Date of Birth. Also, you will be required to provide a current Driver's License or Passport along with your Social Security card.

I hereby certify that all answers and statements contained in this application are true and complete to the best of my knowledge. I understand that false or purposefully misleading information will be cause for my disqualification from or continued employment. Additionally, I understand that the information I have provided may be investigated.

Applicant Signature:
(Required)

Date: