



Summer Safari Intern Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Driver's License No.: _____ Social Security No.: _____

This position requires that you are available the entire term. Are you able to make the 5-day commitment (6/6-8/5, off week of July 4th)? YES NO

If NO, dates that you are unavailable: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for or volunteered for the Alexandria Zoo? YES NO

If yes, list position and dates? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From Mo./Yr.: _____ To Mo./Yr.: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Additional Information

Do you have a current First Aid certificate? Yes No

Do you have a current CPR certificate? Yes No

Please state why you are interested in working for the Alexandria Zoo and state any qualifications you have that might assist you in your employment as a Summer Safari Intern.

Are you able to do the main functions of the position with or without reasonable accommodation? Yes No

Is there any additional information you would like to share with us?

Applicant's Statement

By submitting this application, I authorize investigation of all statements contained in this application.

I understand that misrepresentation or omission of facts called for, is cause for dismissal. Further, I understand and agree that my employment is for no definite period, and may be terminated at any time without any previous notice.

I have read and agree to this disclaimer

Signature: _____ Date: _____

Return the application to Education Department, Alexandria Zoo, 3016 Masonic Drive, Alexandria, LA 71301 or fax to 318-473-1149 no later than March 29th. Email to zoo.education@cityofalex.com

Alexandria Zoological Park

"Promoting understanding and conservation of the natural world in which we live"