



EMPLOYMENT APPLICATION

1222 S. 27th, Lincoln, NE 68502

DATE OF APPLICATION

Position Applying For: _____

As an equal opportunity employer, LCZ does not discriminate in hiring or in terms and conditions of employment because of an individual's race, creed, color, sex, age, religion, disability or national origin. The LCZ only hires individuals authorized for employment in the U.S.A.

Check All Schedules Desired

<input type="checkbox"/> Full time	<input type="checkbox"/> Seasonal
<input type="checkbox"/> Part time	<input type="checkbox"/> Volunteer

Date you can start: _____

PERSONAL INFORMATION			
Last Name	First Name	Middle Initial	Authorized to work in the U.S.
			YES NO
Present Street Address	City	State	Zip
			How long have you lived there?
			Yrs. Mo.
Previous Street Address	City	State	Zip
			How long did you live there?
			Yrs. Mo.
Home Phone Number	Cell Number	Social Security Number	Date of Birth

EDUCATION			
Type of School	Name & Location	Degree/Field of Study	Graduated
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No
Business or Vocational			<input type="checkbox"/> Yes <input type="checkbox"/> No
College			<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No

ACADEMIC AND PROFESSIONAL ACTIVITIES AND ACHIEVEMENTS
Include awards received, current and previous volunteer activities and recognitions, organization and club memberships.

EMPLOYMENT HISTORY - List employment starting with your most recent position

Name and Address of Employer	Position & Duties	From	To	Salary	Reason for Leaving

SPECIAL SKILLS - Skills applicable to position applied for

REFERENCES - List 3 persons not related to you who you have known at least one year.

Name	Address	Phone	Business
1.			
2.			
3.			

CONVICTIONS

Have you ever been convicted, pled no contest, or pled guilty to a crime?	If yes please explain.
<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMERGENCY CONTACT

Name	Address	Phone	Relationship to you

PLEASE READ THIS STATEMENT CAREFULLY

I hereby affirm that the information given by me on this application for employment is complete and accurate. I understand that any falsification or omission will be grounds for immediate dismissal. I understand and authorize that a thorough investigation is to be made in connection with information contained in this application in regards to my character, general reputation, employment and education background, and criminal record, whichever may be applicable. I understand I have the right to a make written request for a complete disclosure of the nature and scope of the investigation.

It is understood that as a condition of initial and/or continued employment, I agree to submit to such lawful examination, medical, substance abuse, or other, as may be required by Lincoln Children's Zoo. LCZ will pay all reasonable cost of any such examinations, which may be required.

I understand and agree that if hired, my employment is for no definite period and regardless of payment of my wages or salary, may be terminated at any time without prior notice and without cause.

SIGNATURE

DATE