

# OREGON ZOO VETERINARY TECHNICIAN INTERN PROGRAM APPLICATION FORM

Quarter applied for: \_\_\_\_\_, 20\_\_

*Winter/Spring/Summer/Fall*

*Winter (December/January/February): Application Deadline September 16<sup>th</sup>*

*Spring (March/April/May): Application Deadline December 16<sup>th</sup>*

*Summer (June/July/August): Application Deadline February 16<sup>th</sup>*

*Fall (September/October/November): Application Deadline June 16<sup>th</sup>*

NAME: \_\_\_\_\_

HOME ADDRESS:

\_\_\_\_\_  
*Street*

*City*

*State*

*Zip Code*

PHONE: \_\_\_\_\_ h/w/c EMAIL: \_\_\_\_\_

WHAT IS THE BEST WAY TO REACH YOU DURING THE DAY? \_\_\_\_\_

EDUCATION (Brief summary of educational institutions, year(s) graduated, degree(s))

PROFESSIONAL CERTIFICATION: (Type, Year obtained, state)

WORK EXPERIENCE: (Brief summary or may submit work history and experience on separate sheet)

WHAT DO YOU HOPE TO GAIN BY THIS EXPERIENCE?

DATE OF LAST NEGATIVE TB TEST \_\_\_\_\_

WHAT DAY(S) OF THE WEEK ARE YOU AVAILABLE? \_\_\_\_\_

*I certify that the information provided herein is current and accurate. I understand that any falsification or misrepresentation of the information contained herein will disqualify me from consideration or participation in the Oregon Zoo's Intern Program.*

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**THE OREGON ZOO WILL NOTIFY APPLICANT UPON RECEIPT OF FORM BY EITHER EMAIL OR POSTCARD.**

**NO PHONE INQUIRIES, PLEASE**