



OREGON ZOO FOUNDATION

Employment Application

Thank you for your interest in employment with the Oregon Zoo Foundation (OZF). We are an equal opportunity employer and are committed to creating an inclusive and welcoming workplace. Please complete this application as thoroughly as possible. Information will be kept confidential and used solely for employment consideration.

Applicant Information

Full Legal Name

Last Name: _____ First Name: _____ Middle Initial:

Date of Application: _____

Current Address

Street Address: _____

Apartment/Unit #: _____

City: _____ State: _____ ZIP Code: _____

Contact Information

Phone Number: _____

Email Address: _____

Position Applied For: _____

Desired Salary or Salary Range: _____

Work Authorization

Are you legally authorized to work in the United States?

Yes No

(If required by law, documentation will be requested upon hire.)

Education

Please list your education beginning with the most recent.

High School

Name & Location: _____

Dates Attended (From–To): _____

Did you graduate? Yes No Diploma/Degree: _____

College / University

Name & Location: _____

Dates Attended (From–To): _____

Did you graduate? Yes No Degree Earned: _____

Graduate or Professional School

Name & Location: _____

Dates Attended (From–To): _____

Did you graduate? Yes No Degree Earned: _____

Other Relevant Education, Certifications, or Training

Professional References

Please list **two professional references** (not relatives).

Reference 1

Name: _____ Relationship: _____

Company/Organization: _____

Phone: _____ Email: _____

Reference 2

Name: _____ Relationship: _____

Company/Organization: _____

Phone: _____ Email: _____

Military Service (Optional)

Branch of Service: _____

Dates of Service (From–To): _____

Employment History

Please list your employment history beginning with your most recent position. Attach additional pages or a résumé if necessary.

Employer 1

Company Name: _____

Address: _____

Phone: _____

Supervisor Name & Title: _____

Job Title: _____

Dates of Employment (From–To): _____

Primary Responsibilities:

Reason for Leaving:

May we contact this supervisor for a reference? Yes No

Employer 2

Company Name: _____

Address: _____

Phone: _____

Supervisor Name & Title: _____

Job Title: _____

Dates of Employment (From-To): _____

Primary Responsibilities:

Reason for Leaving:

May we contact this supervisor for a reference? Yes No

Applicant Statement and Acknowledgment

I certify that the information provided in this application is true, complete, and accurate to the best of my knowledge. I understand that any false or misleading information may result in disqualification from consideration or termination of employment if discovered at a later date.

I understand that any offer of employment may be contingent upon the successful completion of background checks as permitted by law.

At-Will Employment

I acknowledge that employment with the Oregon Zoo Foundation is at-will unless otherwise stated in a written agreement signed by an authorized representative of OZF. This means that either I or OZF may terminate employment at any time, with or without notice, for any lawful reason.

Authorization and Release

I authorize the Oregon Zoo Foundation to contact previous employers, educational institutions, and references listed for the purpose of verifying information relevant to my employment application. I release OZF and all parties providing information from any liability associated with the release or use of such information.

Applicant Signature: _____

Date: _____

This application does not constitute an employment contract.