

ROGER WILLIAMS PARK ZOO AND RHODE ISLAND ZOOLOGICAL SOCIETY

EMPLOYMENT APPLICATION

PEOPLE MAKE THE DIFFERENCE AT THE ZOO



**ROGER
WILLIAMS PARK
ZOO**

1000 Elmwood Avenue, Providence, RI 02907
employment@rwpzoo.org

Roger Williams Park Zoo/ Rhode Island Zoological Society

EMPLOYMENT APPLICATION

Roger Williams Park Zoo/RI Zoological Society is subject to the Rhode Island Workers' Compensation Act, R.I.G.L. § 28-29-1, et. seq to §28-38-1, et. seq."

Please Note: Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. If you require reasonable accommodations to the application and/or interview process, notify a representative of RIZS Human Resource Department.

(Application must be completed in full even if attaching a resume.)

Applicant Information

Applicants will receive consideration without discrimination based upon any legally protected class, including but not limited to race, age, color, religion, sex, marital status, national origin, physical or mental disability, protected impairment, military status, veteran status, pregnancy, sexual orientation, gender identity or ancestry, or other legally protected status except where a bona fide occupational qualification exists.

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

Present Address: _____
Street Address Apartment/Unit # City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____

Position applying for: _____

How were you referred to us?: Zoo Website Social Media Job/Volunteer Fair Community Organization
 Job Board School Employee Referral Other _____

Are you authorized to work in the U.S? YES NO

Immigration status: As a condition of being considered for employment, all applicants must complete an Immigration and Naturalization Service Form, I-9 and provide the required proof of citizenship or authority to work in the U.S.

Have you ever worked for this organization? YES NO If yes, when? _____

Have you ever applied to this organization before? YES NO If yes, when? _____

Have you ever worked for the City of Providence? YES NO If yes, when? _____

Are any of your relatives presently employed with the Organization? YES NO If yes, name of relative? _____

If you are under the age of 18, can you supply a *Certificate of Age* or *Special Limited Permit to Work* form?
YES NO

PLEASE CHECK SCHEDULE AVAILABILITY:

- I am available and desire to work FULL-TIME and do not have restrictions on my hours and days.
- I am available and desire to work FULL-TIME but have restrictions on the hours and days I can work.
- I am available and only desire to work PART-TIME.
- I am available and only desire to work SEASONALLY.

ATTENDANCE AND PUNCTUALITY INFORMATION:

A requirement of each job is punctuality and attendance unless otherwise agreed upon in writing Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the organization?

YES NO If Yes, please explain: _____

Previous Employment

From	To	Employer Name	Telephone()
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
		Reason for leaving	
From	To	Employer	Telephone()
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
		Reason for Leaving	
From	To	Employer	Telephone()
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
		Reason for leaving	

(By providing the above information, you are authorizing RWPZ/RIZS to contact your former employers regarding your suitability for employment.)

May we contact your present employer? Yes No

Explain any gaps in work history: _____

Have you ever been discharged or asked to resign from a job? Yes No If yes, explain: _____

Education

EDUCATION	Name and location of school	No. of yrs. Attended	Degree Received	Subjects studied/Major
High School				
College or University				
Graduate School				
Trade, Business or Correspondence School				

RIZS SMOKE FREE WORKPLACE

By Rhode Island law, smoking is prohibited in all enclosed facilities within places of employment without exception. This includes common work areas, auditoriums, classrooms, conference and meeting rooms, private offices, elevators, hallways, medical facilities, cafeterias, employee lounges, stairs, restrooms, vehicles, and all other enclosed facilities.”

Professional References

Please list three professional references. Please do not list relatives. By providing these references, you are authorizing Rhode Island Zoological Society to contact these individuals regarding your suitability for employment.

Full Name: _____	Relationship: _____	Years Known: _____
Company Name and Address: _____	Phone: () _____	
Full Name: _____	Relationship: _____	Years Known: _____
Company Name and Address: _____	Phone: () _____	
Full Name: _____	Relationship: _____	Years Known: _____
Company Name and Address: _____	Phone: () _____	

Job Qualifications

As part of the job application process, someone from Roger Williams Park Zoo/ Rhode Island Zoological Society will describe to you the essential duties and tasks of the applied-for jobs and the conditions in which you would be working. You will also be given examples of the physical labor that must be performed. In addition, the education, work experience, training and skills necessary to perform these jobs will be explained. You then must answer the following questions:

Can you perform the duties of the job with or without reasonable accommodations? YES _____ NO _____

If the answer is No, please explain:

Roger Williams Park Zoo/ Rhode Island Zoological Society is committed to providing those reasonable modifications of job duties and tasks, changes in working conditions or other accommodations which will assist otherwise qualified disabled applicants to safely and satisfactorily perform the essential functions of the applied-for job.

No disabled applicant will be denied for employment unless: (1) The applicant is physically unable to satisfactorily perform the essential duties and tasks of the applied-for job; or (2) The applicant's physical condition creates a significant risk of substantial harm to the Applicant's health and safety or that of other employees or to RWPZ/RIZS's property if the Applicant does perform this job; and (3) There is no reasonable modification or change (accommodation) available which would enable the applicant to satisfactorily and safely perform the job's essential functions.

Disclaimer and Signature

I hereby certify that the information stated above is to the best of my knowledge true, correct and complete. I understand that any misrepresentation of facts or any false or incomplete statements in this application are sufficient cause for dismissal if I am employed. I authorize the investigation of all statements contained in this employment application in return for being considered for employment. I know that my completion of this application form does not mean that any positions are available. I acknowledge that RIZS has not made any promise of employment to me. I understand that RIZS has no obligation to offer me employment and that I have no right or entitlement to employment. I understand that any offer of employment by RIZS is for no definite period of time and that either RIZS or the employee may terminate employment at any time without prior notice and without any reason or cause. If I am employed I understand that RIZS can change my salary, and can terminate or change my benefits or other compensation and any other terms and conditions of my employment at any time without prior notice to me, without my agreement, and without any reason or cause. Questions regarding this disclaimer should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed. I agree that any dispute concerning this pre-employment process or possible subsequent employment; will be governed by Rhode Island law in a forum located within the State of Rhode Island.

Signature: _____ Date: _____