THE WILD ANIMAL PARK

7621 LAKEPORT ROAD
CHITTENANGO, NY 13037
315 510-3347
thewildparkvet@gmail.com

ANIMAL CARE INTERNSHIP APPLICATION

APPLICATION DATE SUBMITTED_____

APPLICANT INFORMATION												
Last Name			First			M.I.		DOB				
Street Address								Apartment/Unit #				
City			State			ZIP						
Phone			E-mail Address									
Date Available			Social Security No.									
Available Part Time ☐ Full Time ☐						Position Applied for:						
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 this company?	YES ☐	NO ☐	If so, when?									
Have you ever been convicted of a crime?	YES ☐	NO ☐	If so what & when?									

EDUCATION												
High School					Address							
From		To		Did you graduate?	YES ☐	NO ☐	Degree					
College					Address							
From		To		Did you graduate?	YES ☐	NO ☐	Degree					
Other					Address							
From		To		Did you graduate?	YES ☐	NO ☐	Degree					

REFERENCES			
Please list three professional references.			
Full Name		Relationship	
Company		Phone	
City/State		Email	
Full Name		Relationship	
Company		Phone	
City/State		Email	
Full Name		Relationship	
Company		Phone	
City/State		Email	

PREVIOUS EMPLOYMENT/INTERNSHIPS			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary $		Ending Salary $
Responsibilities			
From To	Reason for Leaving		
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary $		Ending Salary $
Responsibilities			
From To	Reason for Leaving		
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary $		Ending Salary $
Responsibilities			
From To	Reason for Leaving		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to an internship position, I understand that false or misleading information in my application or interview may result in my release.

Signature Date