



Little Rock Zoo Summer Internship Application

Name: _____.

Address: _____.

_____.

_____.

Home Phone: _____, Cell Phone: _____.

E-mail: _____.

University: _____, Major: _____.

School year (please circle): sophomore junior senior graduate masters

References (at least one must be education; either professor or advisor)

Name: _____, Phone: _____.

Relationship: _____, E-Mail: _____.

Name: _____, Phone: _____.

Relationship: _____, E-Mail: _____.

Area of Interest (please rank according to interest 1,2,3)

- ___ Carnivores
- ___ Birds
- ___ Large Mammal/Elephants
- ___ Primates/Great Apes
- ___ Reptiles/Nursery

Will you be receiving college credit for this internship, yes or no? ____.

(if yes, arrangements must be completed before start of internship)

Signature _____, Date _____.

APPLICANT NAME:
POSITION TITLE:

CONFIDENTIAL

PERSONAL HISTORY STATEMENT

**FOR EMPLOYMENT WITH THE
CITY OF LITTLE ROCK**

INSTRUCTIONS:

- **Please read through all pages before attempting to complete this document.**
- Fill out this questionnaire completely and accurately. All statements in this questionnaire are subject to verification.
- **ANY FALSIFICATION OR MISSTATEMENT OR OMISSION OF ANY MATERIAL FACT WILL BE SUFFICIENT TO DISQUALIFY YOU FROM EMPLOYMENT OR DISMISSAL IF ALREADY EMPLOYED.**
- If space provided is inadequate, add additional pages and identify the information by title and number.
- Any question that does not pertain to you, please indicate with the letters N/A, meaning Not Applicable.
- Complete ALL spaces provided.
- Do not misstate or omit material facts since the statements made are subject to verification.
- You must sign pages 4 and 5 in the indicated spaces; failure to sign will be sufficient to disqualify you from further consideration.

List your **HOME ADDRESSES** for the previous 7 years, if different from your current address.

DATES		Street Address	City	ST	Zip
From	To				

TRAFFIC VIOLATIONS (including DWI and DUI violations)

THIS SECTION SHOULD ONLY BE COMPLETED IF THE JOB REQUIRES DRIVING A CITY VEHICLE AND THE HIRING DEPARTMENT INDICATES SUCH BELOW:

- This position requires operation of a city vehicle.**
Dept representative initials: _____
- This position does not require operation of a city vehicle.**
Dept representative initials: _____

If you have been convicted of any **TRAFFIC** Violations within the **Last Five (5) Years** in this State or elsewhere, provide the information requested below for each incident:

Date	Charge	Age at Time	Location City And State	Court/Police Disposition (Fine, Sentence, Release)	Police Agency Involved: City, State, Federal;

CRIMINAL VIOLATIONS

If you have **ever** been convicted of **any CRIMINAL** Violations of law in this State or elsewhere, provide the information requested below for each incident:

Date	Charge	Age at Time	Location City And State	Court/Police Disposition (Fine, Sentence, Release)	Police Agency Involved: City, State, Fed.

I hereby certify that my personal history statement and all attachments to it contain no false information and are complete, truthful and accurate to the best of my knowledge. I understand that should an investigation disclose misrepresentation or falsification of any information on this form or its attachments, my application may be rejected, my name removed from an eligible register, and if I am already employed, I may be dismissed from city employment, and I may be disqualified from applying for future employment with the City of Little Rock.

* Signature _____

_____ Date

The Applicant Must Sign This Document; Failure to Sign Will Be Sufficient to Disqualify You from Further Consideration

Employee Authorization to Release Records

I understand and agree that:

- The information supplied in my application documents, was submitted by myself, and all information is true and correct, to the best of my knowledge.
- False or misleading information given in my application documents and/or interview(s) will be considered as cause for possible dismissal and/or discharge.
- I am to abide by all rules and regulations of the **City of Little Rock**.
- The **City of Little Rock** has my authorization to thoroughly investigate my work and personal history.
- The information supplied by me, regarding my: Employment History, Education (including an authorization to release transcripts), Credit History, Criminal History, Medical and Professional Licensing, Motor Vehicle Record(s), Residence History, and References, will be utilized as part of the processing procedures.
- A background check will be conducted to verify the truthfulness and accuracy of the information submitted.
- I will hold no person liable for giving or receiving information in this investigation.

I hereby authorize the **City of Little Rock** to make a thorough check of my past Employment, Education, Credit History, Criminal History, Professional Licensing, Motor Vehicle Record(s), Residence History, and References. I release from liability all persons and employers supplying that information. I release and indemnify the **City of Little Rock** against any liability that might result from making such background checks. A copy of this form is as valid as the original.

Employee/Applicant:

_____ SS# - - (DOB) : _____
Name (type or print)

DL#: _____ State: _____

SIGNATURE

DATE SIGNED