

**LEHIGH VALLEY ZOOLOGICAL SOCIETY**

**INTERNSHIP APPLICATION (PAGE 1 OF 2)**

PLEASE COMPLETE ALL THE FOLLOWING IN EITHER BLUE OR BLACK INK, MAKING SURE TO COMPLETE ALL QUESTIONS, THEN SIGN AND DATE.  
 RETURN YOUR COMPLETED APPLICATION TO P.O. Box 519, SCHNECKSVILLE, PA 18078, FAX TO (610) 799-4170, OR DROP OFF AT THE ZOO.

PERSONAL AND CONTACT INFORMATION	
NAME (FIRST, MIDDLE, LAST)	SOCIAL SECURITY NO.
CURRENT ADDRESS (UNTIL WHEN?)	DAYTIME TELEPHONE NUMBER
E-MAIL ADDRESS	EVENING TELEPHONE NUMBER
WHAT SEMESTER ARE YOU CURRENTLY IN? <input type="checkbox"/> SPRING 20____ <input type="checkbox"/> SUMMER 20____ <input type="checkbox"/> FALL 20____	DATE OF BIRTH /   /

POSITION AND AVAILABILITY	
PLEASE IDENTIFY THREE (3) AREAS OF INTEREST FROM THE FOLLOWING, RANKING THEM IN ORDER FROM 1 - 3. _____ ANIMAL MANAGEMENT     _____ EDUCATION     _____ MARKETING AND SPECIAL EVENTS _____ HORTICULTURE     _____ FACILITIES MANAGEMENT     _____ GUEST SERVICES (ADMISSIONS, CONCESSIONS, RETAIL)	DAYS / HOURS AVAILABLE: <input type="checkbox"/> MONDAY     _____ : _____ TO _____ : _____ <input type="checkbox"/> TUESDAY     _____ : _____ TO _____ : _____ <input type="checkbox"/> WEDNESDAY     _____ : _____ TO _____ : _____ <input type="checkbox"/> THURSDAY     _____ : _____ TO _____ : _____ <input type="checkbox"/> FRIDAY     _____ : _____ TO _____ : _____ <input type="checkbox"/> SATURDAY     _____ : _____ TO _____ : _____ <input type="checkbox"/> SUNDAY     _____ : _____ TO _____ : _____

EDUCATION HISTORY     PLEASE LIST WITH THE MOST RECENT FIRST.		
NAME AND ADDRESS OF SCHOOL	DEGREE OR DIPLOMA & MAJOR	DATES ATTENDED
NAME AND ADDRESS OF SCHOOL	DEGREE OR DIPLOMA & MAJOR	DATES ATTENDED
OTHER TRAINING, SKILLS AND QUALIFICATIONS (LICENSES, SKILLS, TRAINING, AWARDS)		

EMPLOYMENT HISTORY     LIST RELEVANT WORK EXPERIENCE (INCLUDING NON-PAID EXPERIENCES). PLEASE LIST YOUR MOST RECENT EMPLOYER FIRST.					
EMPLOYER NAME AND ADDRESS		SUPERVISOR'S NAME		PHONE NUMBER	
TITLE	SALARY	FROM (DATE)	TO (DATE)	REASON FOR LEAVING	
RESPONSIBILITIES				MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYER NAME AND ADDRESS		SUPERVISOR'S NAME		PHONE NUMBER	
TITLE	SALARY	FROM (DATE)	TO (DATE)	REASON FOR LEAVING	
RESPONSIBILITIES				MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

REFERENCES	
NAME	
TITLE / RELATIONSHIP	PHONE NUMBER
NAME	
TITLE / RELATIONSHIP	PHONE NUMBER

AREAS OF EXPERTISE
PLEASE IDENTIFY ANY AREA OF EXPERIENCE OR EXPERTISE THAT WOULD BE AN ASSET TO THE INTERNSHIP PROGRAM. EXAMPLES INCLUDE COMMUNITY SERVICE, COMPUTERS, CPR AND FIRST AID, HOBBIES, ETC.

**INTERNSHIP ESSAY**

ON A SEPARATE SHEET OF PAPER, PLEASE ATTACH A TYPED ESSAY (500 WORDS OR LESS) THAT ADDRESSES ALL OF THE FOLLOWING POINTS:

- A. WHY YOU WANT THIS INTERNSHIP
- B. HOW THIS INTERNSHIP WILL HELP YOU ACHIEVE YOUR EDUCATIONAL AND CAREER GOALS
- C. STRENGTHS YOU WOULD BRING TO THIS INTERNSHIP
- D. HOW THE LEHIGH VALLEY ZOO WILL BENEFIT FROM YOUR PARTICIPATION IN THIS PROGRAM.

**PLEASE SIGN AND DATE THE FOLLOWING.**

I HEREBY VERIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND AGREE THAT FALSIFIED INFORMATION OR SIGNIFICANT OMISSIONS MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR INTERNSHIP OPPORTUNITIES AND MAY BE CONSIDERED JUSTIFICATION FOR DISMISSAL IF DISCOVERED AT A LATER DATE. IN ADDITION, IF ACCEPTED FOR AN INTERNSHIP POSITION, I HEREBY AGREE TO ABIDE BY RULES, REGULATIONS, AND POLICIES OF THE LEHIGH VALLEY ZOOLOGICAL SOCIETY AND LEHIGH VALLEY ZOO.

I UNDERSTAND THAT AFTER AN INTERNSHIP OFFER IS MADE I MAY BE REQUIRED TO SUBMIT PENNSYLVANIA ACT 33 AND 34 CLEARANCE FORMS (CRIMINAL RECORD AND CHILD ABUSE HISTORY CLEARANCE).

I AUTHORIZE ALL PERSONS, SCHOOLS, EMPLOYERS, LAW ENFORCEMENT AGENCIES AND OTHER ORGANIZATIONS TO PROVIDE THE LEHIGH VALLEY ZOOLOGICAL SOCIETY WITH ANY RELEVANT INFORMATION THAT MAY BE REQUIRED TO ARRIVE AT MY INTERNSHIP DECISION.

I UNDERSTAND THAT IF OFFERED AN INTERNSHIP POSITION, THIS APPLICATION WILL BECOME PART OF MY PERMANENT PERSONNEL FILE.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_