|  |  |
| --- | --- |
|  | Crocodiles of the World |

# Work Experience Application

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | D.O.B.: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | County | Post Code |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Phone: |  | | Email |  |
|  | |  | | |
| Parent/Guardian details if under 18: | |  | | |
|  | |  | | |
| Emergency Contact Details: | |  | | |
|  | |  | | |

|  |  |
| --- | --- |
| Specific Dates required: |  |

## Education

|  |  |
| --- | --- |
| School/College/University: |  |
| Course (incl. subjects): |  |
| Year or level of study: |  | |
| Teacher/Tutor: |  |
| Teacher/Tutor Email: |  |

## Health

|  |  |  |
| --- | --- | --- |
| Do you have any medical conditions affecting your mobility? | YES | NO |

|  |  |  |
| --- | --- | --- |
| Are you currently taking any prescription medication? |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you suffer from any allergies (grasses, pollens, fur, feathers, latex, etc)? |  |  |  |
|  |  |  |  |
| Do you suffer from dermatitis, asthma, eczema? |  |  |  |
|  |  |  |  |
| Have you been vaccinated against tetanus? |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Do you suffer from any other medical condition we should know about? | YES | NO |  |

|  |  |
| --- | --- |
| If yes, details: |  |
|  |  |

Working in a zoo often requires physical activity that includes heavy lifting, carrying cleaning equipment and feed supplies, lots of walking, as well as other activities such as talking with visitors, and using technology (eg. Computers). We also operate in warm-to-hot buildings that are maintained at tropical temperatures. We need to know if there is any reason why you may have difficulty in such conditions:

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |

## Hobbies and Interests

What are your main hobbies and interests?

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

Why do you wish to carry out your Work Experience at Crocodiles of the World?

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

## Disclaimer and Signature

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

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: | Click or tap to enter a date. |

## Office use only

|  |  |  |
| --- | --- | --- |
| *Accepted* | *Declined* | *Start Date:* |