



# Hubbs-SeaWorld Research Institute Application for Employment

An Equal Opportunity Employer

### Please Print

Date \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

### Present Address

\_\_\_\_\_  
No. & Street City State Zip \_\_\_\_\_

### Permanent Address (if different from present address)

\_\_\_\_\_  
No. & Street City State Zip \_\_\_\_\_

(\_\_\_\_) \_\_\_\_ - \_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Business Phone Home Phone

### Employment Desired

Position applying for: \_\_\_\_\_

### Personal Information

Have you ever applied to or worked for HSWRI before?.....  Yes  No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for HSWRI ? .....  Yes  No

If yes, state name(s) and relationship:

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

Why are you applying for work at HSWRI ?

\_\_\_\_\_

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) .....  Yes  No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? .....  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? .....  Yes  No

If no, describe the functions that cannot be performed.

\_\_\_\_\_  
\_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)



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## Education, Training, and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
<b>High School</b>	_____ Name _____ Address _____ City State Zip	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>College/ University</b>	_____ Name _____ Address _____ City State Zip	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>College/ University</b>	_____ Name _____ Address _____ City State Zip	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>College/ University</b>	_____ Name _____ Address _____ City State Zip	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____



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## Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Address & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Dates of Employment: \_\_\_\_\_ To \_\_\_\_\_ Weekly Pay: \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference? .....  Yes  No

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Address & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Dates of Employment: \_\_\_\_\_ To \_\_\_\_\_ Weekly Pay: \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference? .....  Yes  No

Note: Attach additional page(s) if necessary.

## References

List below three persons not related to you who have knowledge of your work performance within the last three years.

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Address & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
No. of Years  
Acquainted



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### References, continued

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

(\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Telephone No.

\_\_\_\_\_  
Address & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
No. of Years Acquainted

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

(\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Telephone No.

\_\_\_\_\_  
Address & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
No. of Years Acquainted

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete and I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_